STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0777
1. PLACE OF DEATH	(Ta)
County ame arundel	Registration Dist. No.
Village or City Asm opolis	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
# // · · · · · · · · · · · · · · · · · ·	is. Loads. How long in U.S. if of foreign birth?
2. FULL NAME Emma & arbu	
(a) Residence: No. 24 Markaet Spa	rest Ward.
(Usua[place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Nidamed	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry arbin	22. HEREBY CERTIFY, That I attended deceased f
6 DATE OF RIRTH (month, day, and year) Aug 5, 1865	last saw hea alive on and 2 1933 death is
6. DATE OF BIRTH (month, day, and year) Wy 3, 1865 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10.10 m.
67 11 23 1 day,hrs	THE RESCRIPTION OF BEATER and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of o
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Vountera manager ma
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Apallemare MOI (State or country)	Intestinal Kemarihange of
13. NAME John Balowine	
14. BIRTHPLACE (city or town) Ballo ey Mod - (State or country)	Name of operation Manue Date of What test confirmed diagnosis? Clarification Was there an autopsy?
15. MAIDEN NAME Mary E. Bedfard	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) (State or, Md.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mys. Adda Banger	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Treem out they Date 1933	Nature of injury
19. UNDERTAKER mm. Cooks	24. Was disease or injury in any way related to occupation of deceased?
(Address) 12-17 St. Faul St. Ballo. My	If so, specify
20. FILED Lug 2, 1933 Frank C Registrar.	(Address) Amaria Maria Ma
If more blanks are needed, address State Registra	1, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms; as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	BUREAU V.B.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	E861 14 1215	3 days ago
			GEWIEWER	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

BINDING

MARGIN RESERVED

1. PLACE O	F DEATH			103	
County	Anne Arunde	1		Registration Dist. No.	1
Village or (city Crownsvil	le Stat	e Hospita	No. St.	Ward
Lanath of an			(1	f death occurred in a hospital or institution, give its NAME instead of street and i	number)
	sidence in city or town where		yrsmos	s. 21 ds. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NA					
(a) Resider	nce: No. Baltim	Ore, Ma	rylend	St.,Ward	State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	State
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	
emale	black		D (write the word)	August 31st	, 193 3
5e. If married, widow		1 1402	2204	(Month) (Day)	(Year)
(or) WIFE of	Warner Ba	11		22. I HEREBY CERTIFY, That I attended	deceased from
	2	000		April 10th ,1928 ,to Aug . 31	, 19 00
	, , , , , , , , , , , , , , , , , , , ,	.896	1	I lest saw h. C.T. alive on	; death is said
	ars Months Unk	Days	If LESS than 1 dey,hrs.	to have occurred on the dete steted above, at the Indian m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
			ormin.	were as follows:	Date of onset
8. I rade, profe	ession, or perticuler work done, as SPINNER, R, BOOKKEEPER, etc	Domes	tic	Lober pneumonia	4 CES
9. Industry or	business in which		.34.9		
NO LANGE SAWYER SAWYER SAW MI	LL, BANK, etc.	~~~-			
- 1110 0000	sed lest worked at upation (month end	spa	time (years) ent in this upation		
	Wina			Other Contributory Causes of importence:	
12. BIRTHPLACE (ci		inia			
13. NAME	Charles Sn	OW			
Ξ	Trin	ginia			
14. BIRTHPLACI	E (city or town)	5.1.11.G		Name of operation Dete of	
		Towson		What test confirmed diegnosis? Wes there an a	
I				23. If death wes due to external causes (VIOL ENCE) fill in also the following	
	E (city or town)	irginia		Accident, suicide, or homicide?	, 19
	Hospital	Record	g	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e)
17. INFORMANT (Address)	Crowns vi			Specify whether injury occurred in INDOSTRT, in HOME, OF IN PUBLIC PLA	ICE.
	TION, OR REMOVAL		,	Manner of injury	
Plece 2m	glas menna	Dete MI	4 ,1933	Nature of injury	
	Garline	hind	0-	24. Wes disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	ball	2.	1	If so, specify	0
and I H	H . 42 L	()	not not	(Signed)	M.D
20. FILED EN J.O.	7 ,19.33	7	Registrar.	(Address) Crownsville Marylan	a 5

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07774
1. PLACE OF DEATH	940)
County aun around	Registration Dist. No. 23rd
Village or City Monhattane Booch	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Patrick Borry	***************************************
(a) Residence: No. Markattan Brake (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIXORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	/ (month) (bay) (real)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
/.	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Boatsware SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	arkeres Selevosis
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and lug. 1983) spent in this year) occupation.	
Falous	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	ausea Preton
13. NAME Concus	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Markers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town). (State or country)	Where did injury occur?
17. INFORMANT James G. Normelly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODAL Place 1 20 Calleland Cup 8 1933	Manner of injury
Falul Toulah	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify Marchall L. Smith
8/2 23 (mon Aen Man	(Signed) arnold min
20. FILED Registrar.	(Address) back tollan for a drug of
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1 January Park

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07	775
1. PLACE OF DEATH	950	
Edunty A. Co.	Registration Dist. No.	
Village or City / Connagoles Md.	No. 117 Class Streetst.	Ward
Length of residence in city or town where weath occurred 54 yrs, mo	f death occurred in a hospital or institution, give its NAME instead of street and nur sds. How long in U.S. if of foreign birth?yrsmos.	mber)
, 1.00.	mos.	05.
2. FULL NAME William Doll		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manuel	21. DATE OF DEATH (Month) (Day)	193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Balsen	22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) Thec 1879	I last saw h, 19;	
7. AGE Years Months Days if LESS than	to heve occurred on the date stated above, atm.	
5 34 8 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	1 1000	
Nndustry or business in which	Cecule deoltin	
work was done, as SILK MILL, . S. M. a. lennaged	of f	
O 10. Date deceased last worked at this occupation (month and spent in this	- Jana	
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (smap o les Ma.		
(State or country)		
14. BIRTHPLACE (city or town) Partsein		
14. BIRTHPLACE (city or town) - Maryland .	Name of operation Date of	
	What test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME Ellanor Gennings 16. BIRTHPLACE (city or town) Landage aline)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?	, 19
m. Bt.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT / LANG STATES	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Burel Hill Date Cury 201923	Nature of injury	
19. UNDERTAKER Lahas & Hicks & Md.,	24. Was disease or injury in eny way related to occupation of deceesed?	Λο
20. FILED 149 19, 1933 Any L C. Angel Registrar.	(Signed) Survey Of Survey (Address)	MA
If more blanks are needed, address State Registrar	2411 N. Charles Street Bellimore Heavering (1) & No	34.4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
authorization for change of date Chas & Hicker stated	1.44
perior that the brigh was aug 20, 1933	
The state of the s	

R	STATE OF MARYLAND-	CERTIFICATE OF DEATH	776
1	. PLACE OF DEATH	CERTIFICATE OF DEATH	
	County Glenburnie - a - a	Registration Dist. No. 2.3	id
	Village or City Snowdentonn	NoSt.,St.,St.,	Ward
		ds. How long in U.S. if of foreign blrth?yrsmos	
	FULL NAME Susil Bould		
	A	St., Ward. If nonresident give city or town and Sta	te.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the world)	21. DATE OF DEATH 10 August 18	3 3
5a.	If married, widowed, or divorted HUSBAND OF (or) WIFE of Afraham Boyla	(Month) (Day) 22. I HEREBY CERTIFY. That I attended dace	eased from
6	DATE OF BIRTH (month, day, and year) One 20 1883	Hast saw has alive on Toul 1933 de	onth la sold
-	AGE Years Month's Days If LESS than	to have occurred on the data stated above, at	eath is said
	257) / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	were as follows:	ate of onset
ō.	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Menoma of Herris	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		3
220	10. Date decaased last worked at this occupation (month and spent in this year)		
12.	BIRTHPLACE (city or town) A. A. Co- (State or country) A. A. Co-	Other Contributory Causes of Importance:	
ER	13. NAME John M. Allton		
FATHER	14. BIRTHPLACE (city or town) Sy. A. CO	Nama of operation Date of	
-	(State or country)	What test confirmed diagnosis? Was there an autop	nsv?
MOTHER	15. MAIDEN NAME Susaw Com Helbere	23. If death wes dua to external ceuses (VIOL ENCE) fill in also tha following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	16. BIRTHPLACE (city or town) A-A-Co	Accident, suicide, or homicide? Data of injury Data	19
Σ	(State or country) Mod	Where did Injury occur?	
17.	INFORMANT A Calcase Balfd (Address In widen tens A. The.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OF REMOVAL	Manner of Injury	
	Place Ha Cerbury Date My 10 , 1933	Nature of injury	
19.	UNDERTAKER, Same It Chibese Y Sen	24. Was disease or Injury in any way related to occupation of deceased?	võ
20.	FILED 8/12 1933 Medalba	(Signed) alway was	M. D.
	If more blanks are needed blank Seas Parisas	(Address)	n
	-, viennes are necacu, againess state Registrat,	2411 IV. Charles Street, Dalitmore, Kequesting "U. S. No. 1.	VV

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car A ST CEYE OF 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	my	My	say	any.	
U	6	6	1	6	

1. PLACE OF DEATH	107-01
County a a	Registration Dist. No. 21
Village or City Company	(If death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredy	smosds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME NOWER TY	Brookis
(a) Residence: No. March legs (Usual place of abo	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (167)	ite the word) 1933-
5a. If married, widowed, or divorced	
HUSBAND of Kreda Brook's	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BERTH (month, day, and year) Get /1-/	8.80 last/saw hluf- alive bn ullq fr. 19.3; death is said
	f LESS than to have occurred on the date stated above fat - f DZ -m.
	ay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Bruster-neumen 924 21
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at 1931 11. Total time (yes) this occupation (month and spent in the second state of the second	(433
10. Date deceased last worked at 1931 11. Total time (y spent in t occupation (month and year)	ears) his 35
12. BIRTHPLACE (city or town) Balls made (State or country)	Dther Contributory Casses of importance:
0 0 1	da la
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Autured Was there an autopsy? U
15. MAIDEN NAME X lovere & Bra	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Ball	Where did injury occur?
17. INFORMANT Freda Brooks (Address) Brooklya many	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of and Enlay Date lung 3	Nature of injury
19. UNDERTAKER B L Hoffing	24. Was disease or injury in any way related to occupation of deceased?
(Address) Complete 100 -	If so, specify Orthorn 1 10 dol 25
20. FILED any 3, 1923 frage C.	Registrar. (Address) Ulliantis W.
If more blanks are needed, address	State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Year)

Date of onset

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 weck ago Run over by street car Chronic interstitial nephritis 1921 1 wcek ago Cercbral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones Gastroenteritis May 1,1923 1 year

Birth taken From tin	R STATEMENTS BY PHYSICIAN
1	11 08

-WRITE PLAINLY,

X	HIS IS A PERMANENT RECORD. Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCUPA-	1
	RD. Every	YSICIANS	statement	Ł
•	F RECO	Y. PH	Exact	
ED FOR BINDING	RMANENT	XACTL	classified.	
FOR B	IS A PE	stated E	properly	of certificate.
Q	FIS	pe	pe	of (

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				
County Anne Aru	ndel		Registration Dist. No. 21	
Village or City Crownsvil	le. Mar	yland	NoSt	Ward
		(If	death occurred in a horpital or institution, give its NAME instead of street and num ds. How long In U.S. if of foreign birth?	
		yi 5, 557	yisyisyis	qs.
2. FULL NAME Harry Bro				
(a) Residence: No. Baltim	ore Cit	V	St., Ward. If nonresident give city or town and State	te
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
Male Black	Marri	D (write the word)	August 6 , 19	(Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY That I attended dece	
(OCHERON ?	, -		Do combon B BS	eased from
6. DATE OF BIRTH (month, day, and yeer)		1888	I last saw him alive on Aug 6 1933; de	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1:058.m.	
45	-	1 day, _=hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	Tohomo		Pulmonary Tuberculosis	ate of onset
SAWYER, BOOKKEEPER, etc.	Labore	T.	with Cavitation	day
A. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				ago
10. Date deceased last worked at	11. Total t	ime (years)		
this occupation (month and year)	spar	nt In this		
12. BIRTHPLACE (city or town) Mary 1	and		Other Contributory Canses of importance:	
(State or country)				
13. NAME Aleck Brown				
13. NAME Aleck Brown 14. BIRTHPLACE (city or town) Maryl.	and		Name of operation Date of	
(State of country)			What test confirmed diagnosis?	Yes
15. MAIDEN NAME LOUISA B:			23. If death was due to external causes (VIOLENCE) fill in also the following:	T
16. BIRTHPLACE (city or town)	aryland		Accident, suicide, or homicide? Date of injury	., 19. ==
(State of County)	Danamaa		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Hospital			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Crownsville 18. BURJAL CREMAJION, OR REMOVAL	Marylan	0	Manner of Injury	
PHOO Prince Cerulo	Labore 8	18 103	Nature of injury.	
P(P(Q))	tode	Outet	24. Wes disease or Injury In any way related to occupation of deceased?	
19. UNOERTAKER 11. U - UU - UU - UU - UU - UU - UU - U	-57 T	uk	If so, specify	1
20, FILED & - 8 1993 C		2	(Signed)	7. M.D.
20.111.00	3(8)7	Registrar!	(Address)	(

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	ATEMENTS	PHYSICIA
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V. S. No. 1 E. of OCCUPA-

		STATE	JF MAR	YLAND-	CERTIFICATE OF DEATH	01100
	1. PLACE OF			7.0	92-0	5,1
	County	Anne Arund			Registration Dist. No	0)
		ity Crowns vi		(1)	Al No. Stream occurred in a hospital or institution, give its NAME instead of streets. L ds. How long in U.S. if of foreign birth?	t.,Ward et and number)
	2. FULL NAI	ME Lau	ra Brown	n		
	(a) Residence	40.4	Mary's		Magylandward. If nonresident give city or tov	vn and State
-	PERSON	AL AND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3.	female	4. COLOR OR RACE black	OR DIVORCE	RIFD, WIDOWED, D (write the word) ngle	21. DATE OF DEATH August lst (Month) (Dey)	, 193_ 3 (Year)
5a	. 1f married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I att. March 10th 19 25, to August	ended deceased from
6.	DATE OF BIRTH (month, day, end year)	1910			33 ; death is said
	AGE Year	rs Months	Deys nknown	If LESS than I day,hrs.	to have occurred on the date stated above, at LO: 50 An M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	e
OCCUPATION	sawyer,	sion, or particular ork done, es SPINNER, BOOKKEEPER, etc	None		Acute cardiac failure	Date of onset
UPA	9. Industry or 1 work wes SAW MIL	business in which done, as SILK MILL, L, BANK, etc				
000	1Q. Date decease	ed last worked at pation (month end	11. Total t	ime (years) nt in this upation		
12	. BIRTHPLACE (cit (State or coun		and		Other Contributory Causes of importance: Mitral insufficiency	?
ER	13. NAME	Unknown				
FATHER	14. BIRTHPLACE (State or	(city or town)	nown			de of
ER	15. MAIDEN NAM	Mery Br	yan		What test confirmed diagnosis?	re an eulopsy?
MOTHER	16. BIRTHPLACE (State or		Unknown			, 19
17	'. INFORMANT (Address)	Hospital Grownsvi		ryland	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE,
18	BURIAL, CREMAT	ON. OR REMOVAL	laste 8/5	5. ,33	Manner of injury Nature of injury	
19	UNDERTAKER (Address)	LR F. Will	erbury	pt-	24. Was disease or injury in my way related to occupation of decease if so, pecify	h
20	. FILED 3	3-,19	an/	forel	(Signed) Crownsville Many	100 M. C

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

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		GBVIBDBA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforproperly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. þe CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	S
County C. U.	Registration Dist. No.
Village or City Annapolis	No./23 July Lo St., Ward feath occurred in a horphal or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs, _mo	sds. How long in U. 8/1f of foreign birth?yrsmosds
2. FULL NAME Baby Colleges	
(a) Residence: No. /23 / Cu4 Quo (Usugl place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVOKCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 3 - le 1933	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	0108 13000
work was done, as SILK MILL, SAW MILL, BANK, etc	Sul
- 1 the secapetion (month and	
year) occupation	Other Coutributory Causes of importance :
12. BIRTHPLACE (city or town) Curufarly UG	
(State or country)	
14. BIRTHPLACE (city or town) Usunpole Mid	
14. BIRTHPLACE (city or town) Usunpole MC	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? // // // // // Was there an autopsy?
15. MAIDEN NAME Of Margaret Real 16. BIRTHPLACE (city or town) Ballingwel Mid	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ballengwel Will.	Accident, suicide, or homicide? Date of injury, 19
State or country	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Telbert 7. Volumo (Address) Christophy Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cellar Bluff Cerus Date Cery 7 , 19 33	Nature of injury
19. UNDERTAKER John My Lay Cod (Address) Commonwell Med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jung 7, 19.33 Flag 6 C. Fre Th	If so, specify (Signed) Stage M. D. M. D.
Registrar.	(Address) Comment As Inc.

STATE OF MARYLAND—CERTIFICATE OF DEATH

114400

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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P	

V. S. No. 1

1. PLACE OF DEATH	107-0.)
County 4	Registration Dist. No. 21
Village Dr City Dunlbury S. Length of residence in city or town where death occurred.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Druky A. (a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PAR	olace of abode) If nonresident give city or town and State RTICULARS MEDICAL CERTIFICATE OF DEATH
	MARRIED, WIDOWED. 21. DATE OF DEATH
OR DIVOR	RCED (write the word) (Months) (Day) (Yea
HUSBAND of (or) WIFE of hulton Coo	1 HEREBY CERTIFY, That I attended deceased fune 22, 1933, to 144 5 19
DATE OF BIRTH (month, day, and year) Boy , 5	Tlast saw h_ en alive on luly J _ of , 1933; death I
AGE Years Months Deys	If LESS there to have occurred on the date stated above, at 6 20 m
39 98 0	1 day,trs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	work Brucho Incluences bur
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A 1
	tel time (years)
tima occupation (month and	tel time (years) spent in this occupation
BIRTHPLACE (city or town) 13 cultumis (State or couply)	other Cantributory Causes of importance: Alute Sulatable of the heart au
13. NAME John Housh	0,1
14. BIRTHPLACE (city or town)	Name of operation A AAA O Date of
(State or country)	Name of operation of Management of Managemen
15. MAIDEN NAME Mary & BS.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
INFORMANT Profession Con (Address) Profession (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Broadnesh Date H	Nature of injury
UNDERTAKER (Address)	24. Was disease or injury in any way releted to occupetion of deceased? W
FILED Curg 8 1933 Francis C	fra ma (Signed) allert to Cuellisian

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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of the same of the	Example II	
Date of onset	The principal eause of death and related eauses of importance were as follows:	
1910		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0 07784
County Clause brundal	Q10 Registration Dist. No. 2/
Village or City aurapro	No. 212 Houceafer St. > Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidable in city of town whera daath occurredmc	sds. How long in U.S.if of foraign birth?yrsmos,ds.
2. FULL NAME Voltage M. Klave	
(a) Residence: No. 2/2 Howeest	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Luguest 35 1023
The part of the pa	(Yaar)
5a. If married, widowed by divorced HUSBAND of (or) WiFE of	22. % 1 HEREBY CERTIFY) That I attended deceased from
(or) WIFE OF	May 3-1 10 33 10 Chegart 2819 33
6. DATE OF BIRTH (month, day, and year)	I last saw h Amaliva on langunt 4, 1933; doath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
net 7/ - - 1 day,hrs	and as follows.
1 9 Trade profession or particular	Oete of onset
SAWYER, BOOKKEEPER, atc.	
kind of work done, as SPINNER SAWYER, BOOKKEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this excupation (mosth and the second in this second in th	(hortre /tenos 5,2%.
4 - 1 Spaint in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or towny ber leave date het	1 // 0 7
(State or country)	Yluly
13. NAME John Ol. Plany	
13. NAME Hohe 1. Alexander 14. BIRTHPLACE (city or town) Alexander 14. Control of the last	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME LUCAU TVAL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME LESAN VECCO	Accident, suicide, or homicide?
(Stata or of untry)	Where did injury occur?
17. INFORMANT was Rave Water (Address) 2/2 Ploneste of	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mise the Perate Date ling 3/ 1933	
19. UNDERTAKER CHAOE PRANS X1	24. Was disease or Injury in any way related to occupation of decaased?
(Addiass) anapoles my	If so, spacify
20. FILEDLING 30, 1933 Ingle of And I mel	(Signad) M.D.
If more blanks are needed address State Registras	200 N. Charles Street Bellimore Benediction (1) S. N.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
10802			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

re te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07785
infor- state UPA.	1. PLACE OF DEATH	(31)
orld OCC	County (A. C.	Registration Dist. No. 222
item of should of OCC	Village or City Los Lessur	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
P 00 -		sds. How long in U.S. if of foreign birth?yrsmosd
Every MANS	2. FULL NAME Wary Waloy Well	
2.3	(a) Residence: No.	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH OF
	Ferrale White Marrie the word)	(Graff) (Day) (Year)
BINDING PERMANENT EXACTLY y classified.	5a. If married, widowed or divorced	
MAI A C assi	HUSBAND of Seo. Well	22. HEREENY CERTIEY. That I attended declared from
F SX2	6. DATE OF BIRTH (month, day, and year) Can 1860	I last saw her lalive on lang 124, 1933; death is sa
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 18.20 P.m.
FOR IS A I stated proper	7 3 8 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Haracona Dillo
VE TH Id I	SAWTER, BUNNEEPER, etc.	Nacurinage.
KK—T)		Mr. Neftintis. 193
SH H H	O this occupation (month and spant in this	
Z	14.0	Other Contributory Causes of importance:
ADIN d. A	12. BIRTHPLACE (city or town) (State or country)	7,0000 000 10/11
MARGIN RE UNFADING supplied. AGI	13. NAME ! Waloy	
Date o	4. BIRTHPLACE (city or town)	Name of operation Date of
		What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully H in pla	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
LY	S 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, [9
PLAINLY, WI hould be careful DEATH in p	17. INFORMANT Mr. Sev. Well	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Pssup VIII.	
E M M	ST. CAASSAN VALLE NO. 8/15 13 3.	Manner of injury
-WRITE mation si	10 Kilon	Nature of injury
.	19. UNDERTAKER A COMPANY (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
S. No.	20. FILED ang 14 1933 Clara W Krasluh	(Signed) Mank Shipley, M.
s z	Local Registrat.	(Address) Savage / Ma:
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	\1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH

()	pay	pay	0	0
0	1	1	N	Pa
U			0	U

1. PLACE O	F DEATH			3	
County	Anne Arunde	1		Registration Dis	t. No. 27
Village or C	city Gambrul	la A.A.C	o Md (If	No. death occurred in a hospital or institution, give its NAME in	St., Ward stead of street and number)
2. FULL NA	ME Still b	irth of	Dorsev		
	ce: No. Gambri		Co.Md.	St., Ward.	e city or town and State
PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE C	F DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			(write the word)	21. DATE OF DEATH August	3 1933 , 193 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorcad			22. I HEREBY CERTIFY, On Aug. 3. 1933, 19, to	That I attended deceased from
6. DATE OF BIRTH 7. AGE Yes		lugust 3	I933 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
work wa SAW MII 10. Date decaase this occur yaar) 12. BIRTHPLACE (ci (State or cou	business in which s dona, as SILK MILL, LL, BAKK, etc	осси	t in this pation	Other Contributory Causes of importance: Unknown	
	(city or town) Broc	klyn R.	F.D.Md.	Name of oparation	Date of
(31818 01	r country)			What test confirmed diagnosis?	Was there an autopsy?
I6. BIRTHPLACI	MEAlverta Do: E (city or town) Gamb; r country) Alverta Do: Gambrills	rills Md	•	23. If death was due to extarnal causes (VIOLENCE) fill In Accidant, suicide, or homicida?	a of injury, 19
18. BURIAL, CREMAT	TION, OR DEMOVAL	, -	U 1233	Manner of injury	
19. UNDERTAKER	John 30	saya C.S	B. F. C.	24. Was diseasa or injury in any way ralated to occupation if so, specify (Signed)	n of deceased?
		/ //	Registrar.	(Address) -35-Nerthwest-	St. Annannits

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City	1. PLACE OF DEATH County Ame aruns	id	Registration Dist. No.	0
2. FULL NAME (a) Residence: No. (b) FURSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) S. SINGLE, MARRIED, WIDOWED, OR-BIVORCED (write the world) 5. Il massied, widowed, or diveneed litusers or diven	Village or City Friendsh	,	NoSt.,St.,St.,St.,St.,St.,St.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Wegner 5. SINGLE-MARRIED, WIDOWED, OR-DIVORCED (write the word) 50. If masked, widowed, or diverseed (Gr) WIFE of (Gr) WIFE of (Gr) WIFE of (Gr) 6. DATE OF BIRTH (month, dey, and year) Months Deys If LESS than I day,	2. FULL NAME & Louis	Dra	fect - St., Ward.	
3. SEX 4. COLOR OR RACE OR BIVORCED (write the word) 52. If mested, widowed, widowed HUSERAP (Month) (Day) 53. If mested, widowed widowed HUSERAP (Month) (Day) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I dey,		1		State
(Month) (Day) 5. Il married, wildowed, or diverseed HUSBARD of Gry Wife of Land Brown Brown Gry Wife of Land Bro	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED	, WIDOWED,		
HUSBARDO of Cor WIFE of James Parker 6. DATE OF BIRTH (month, dey, and year) Work of All (LESS than I dey,		rrite the word)	(Month) (Day)	, 193 3 (Year)
To	HUSBAND OF Thomas Drake	1	august ?, 19.3, to august	deceesed from 2, 19. 3
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, est SILK MILL, SASK MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMANON, OR REMOVAL (Address) 19. UNDERTAKER (Address)	22 1	dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ones
Other Coatributory Causes of importance:	SAWYER, BOOKKEEPER, etc. 1444 9 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		11 11	
What test confirmed diegnosis? Westhere en autops 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	year) Occupation 12. BIRTHPLACE (city or town) A. C. Corum	this	Other Contributory Causes of importance:	
What test confirmed diegnosis? Westhere en autops 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CPEMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Westhere en autops 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) 16. So, specify 17. INFORMANT (Address) 18. BURIAL, CPEMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address)	I 13. NAME lenkeroun			
15. MAIDEN NAME So felice Alton 16. BIRTHPLACE (city or town). A CACIDENT OF MAINT (State or county) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place of Injury). Date of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 15. MAIDEN NAME So felice Alton Alto	14. BIRTHPLACE (city or town)(State or country)			autopsy?
18. BURIAL, CREMATION, OR REMOVAL Plece Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Address (Address) Address Nature of Injury 24. Wes disease or injury in eny wey releted to occupation of deceesed? If so, specify	17. INFORMANT Deures Mayne	to hed	23. If death wes due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g: , 19
19. UNDERTAKER (Address)	18. BURIAL, CREMATION, OR REMOVAL	9 9 4 33		
20. FILED WY 1500 (Signey)	(Address) Freezedolif M	auto	24. Wes disease or injury in eny wey releted to occupation of deceesed?	ν ,, M.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	4 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LEAH V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on Farm laborer, Luborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify alltions, such as "Asthenia," "Anaemia" (merely,symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, pertonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	53)
County Clama arundel	Registration Dist. No.
Village or City Cottage Frome Beach	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
TILLE I	ick
14 S. Man &	Buerin - M
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) Market	21. DATE OF DEATH Aug (Mo (Day) (Day) (Day) (Day)
5a. If married, widowed, or divorced HUSBAND of Gertrude W. Frederick (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from June 19.32 to aug 8 19.38
6. DATE OF BIRTH (month, day, and year) Oct 18 1876	last saw hay alive on day 9 19 3 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, At
56 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNES SAWYER, BOOKKEEPER, etc. STEENS OF SAWYER, ETC. SAWYER, ETC. STEENS OF SAWYER,	right side of the neek
a Industry or business In which work was done, as SILK MILL Office SAW MILL, BANK, etc.	Scooline carcinoma; primary in brother
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	(right) Cloff's Culs IR.
Best	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	- Ulrenoma generalized
13. NAME Frederick C Frederick	turning Humana
14. BIRTHPLACE (city or town)	Name of operation Radium Sanglanted Date of
(State or country) Jermany.	What test confirmed diagnosis? Claused & garres there an autopsy? he
15. MAIDEN NAME Margaret Bollinger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Bollinger 16. BIRTHPLACE (city or town) (State or country) Saltimus Ind	Accident, suicide, or homicide? Date of injury, 19
17. INFORMATION Gestrade W Frederick (Address) 14 & montgomery st	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hell Date Centy 12, 1933	Manner of injury
19. UNDERTAKER John 7 Denny (Address) 715 Till St.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. 8-9, 1923 Z. A. W. C. Registrar.	(Signed) W. Wallace Halks, M. E.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

vample I		Example II		
The principal cause of death and related causes of importance were as follow:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis.	1915	Attack of epilepsy	1 week ago	
Chronic interstitut nephritis	1921	Run over by street car	1 week ago	
Cerebral hemor Nago	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ż

1. PLACE OF DEATH	——————————————————————————————————————
County a- a-	Registration Dist. No. 7 20
Village or City West River Ind	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
OI T &	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Sudy (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH August II 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1863 data number 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I attended deceased from Aug. 3 to Aug. II 193319 I last saw h. er alive on Aug. IO 1933 , 19 ; death is said to have occurred on the date stated above, at IO P m.
To unknown unknown 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Aortic Stenosis United Stenosis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) County County	Other Contributory Causes of importance: Arterio sclerosis llufty
14. BIRTHPLACE (city or town) Calvird (State or country) Co Md	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mahalla Henson 16. BIRTHPLACE (city or town) Calvert (State or country) Co - Md. 17. INFORMANT John H. Frank (Address) Watt River Md.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Daniel S. Con. Sout Date aug. 13, 1933	Manner of injury
19. UNDERTAKER & Hi & Parker (Address) 47 Washington So	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signer Willbrace Carrier M. D.
20. FILED 19.3.3 Registrar. If more blanks are needed, address State Registrar,	(Address) 35 Northwest St Annapolis

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	TH UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	TION is very important. See instructions on back of certificate.
3	-WRITE PLAINLY, WIN	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
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1	14	14	0	4
J			J	

1. PLACE	OF DEA	TH	1 1/17/11/			,
County	Anne	Arundel	L		Registration Dist. No.	
Village	or City	rownsvi	le Sta	te Tio spit	8] No. St.,	Ward
		ity or town where d		- (If	death occurred in a horpital or institution, give its NAME instead of street and models. How long in U.S. if of foreign birth?yrsmodels.	
2. FULL	NAME	Major	Gray			
(a) Res	sidence: No	Baltin	nore Ma	or abode)	St., Ward. If nonresident give city or town and to	State
PERS	SONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
male		or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 28th (Month) (Day)	193 3 (Year)
5a. If married, HUSBAND (or), WEE	widowed, or divo of of M		ray		22. I HEREBY CERTIFY, That I attended of August 22nd 19 33 to August 28	
6. DATE OF BU	RTH (month, da	v and vear)	1875		last saw h im alive on August 28 19 33	
7. AGE	Years	Months	Days O W N	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:30 Ane M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	58?	!	to MII	ormin.	were as follows: Cerebral arteriosclerosis	Oate of onset
N king	profession, or pa d of work done, VYER, BOOKKEE	as SPINNER, EPER. etc.	Maby	ker	Oct cot at at ret losoitet osts	
9. hadustr	y or business in k was done, as	n which				
SAI	W MILL, BANK, eceased last wor	etc	11 Total t	ime (years)		
	occupation (mo	inth and	sne	nt in this		
12. BIRTHPLAC		Maryl			Other Contributory Causes of Importance: Senility	?
13. NAME	Edwa	rd Gray	******			
		own) Mary	Land		Name of operation Date of Date of What test confirmed diagnosis? Was there en at	utoney?
15. MAIDE	N NAME M	argaret	(Unkno	wn)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHE	LACE (city or to	own) Ma:	ryland		Accident, suicide, or homicide? Date of injury	
	ate or country)				Where did injury occur?	
17. INFORMANT		pital Rewnsvill		land	(Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CR	EMATION, OR I	BEMOVAL	tupateling	3/,1983	Manner of Injury	
19. UNDERTAK	Klyns 1303	as 2. N	Elsow.	well Ballo	24. Was disease or injury In any way related to expanding of degrased.	9
20. FILED 3	0 0	3	0	Registrax.	(Signed) (Address) Cr Winsville, Maryla	e) M. D.
1		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

N. B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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4	Example I	1	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	follows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THE SER IS ANNUAL	July 5,1927	Peritonitis	3 days ago
	EUREAU V.	1		
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

17. INFORMANT.

19. UNDERTAKER

(Address) p o Pasadena,
18. BURIAL, CREMATION, OR REMOVAL

Place Magothy

should state OCCUPA-

	/illage or Ci	ity]	Pasad	ena				
	ength of resid				h occurred	li	fe	(m
	ULL NAI							
(a) Resident	ce: No		LLAS	(Usual	place of	abode)	
F	PERSON	AL AN	D STATI	STICA	L PA	RTIC	ULARS	5
3. SEX		4. COLO	R OR RACE				ED, WIDO	
ma	le	n	egro		ma	rri	write the	woru)
HU:	orried, widowe SBAND of WIFE of		y Gre	een				
6. DATE	OF BIRTH (month, day	, and year)	Fe	eb.	2nd	18	77
7. AGE	Year	rs	Months	s	Days		If LESS	
	56		6		2	2	1 day,	
CUPATION	Industry or h work was SAW MILI Date decease this occup	ork done, a BODKKEEI ousiness in done, as S L, BANK, e	es SPINNER, PER, etc which ILK MILL, tc ked at thander		Fa.r	min otal tim spent		li
12. BIRT	HPLACE (city State or coun	y or town) _ try)	A.					
13.	NAME ET	hren	Gree					
13. I	SIRTHPLACE (State or	_	wn)	Md	•			
15.	MAIDEN NAN	ME EI	izabe	eth				
15. I	SIRTHPLACE (State or		vn)		d.			

Anne Arundel

1. PLACE OF DEATH

	150		
	Registration	Dist. No. 2I	
ND		St.	Ward
eath occurre	ed in a hospital or institution, give its NAME		ber)
ds.	How long in U.S. if of foreign birth?	yrsmos	ds.
Ct	Ward.		
St.,		give city or town and Stal	te
	MEDICAL CERTIFICATE	OF DEATH	
21. DAT	E OF DEATH		
	August 2	24th 19	3 3
	(Month)	(Day)	(Year)
22.	I HEREBY CERTIF	Y That I attended dece	ased from
	, 19, to	property and a second second	19
I last saw	halive on		
	curred on the date stated above, at II.		eath is said
	CIPAL CAUSE OF DEATH and related cause		
were as fo	ollows:		te ol onset
Cor	onary embolism		
Diber Com	stributory Causes of importance:		
D11101 C02	and the state of importance.		

N			
	peration	Date of	n e
	confirmed diagnosis? clinical		osy?
	was due to external causes (VIOL ENCE) fill		
Accident, s	suiclde, or homiclde?(Date of injury	, 19
Where did	injury occur?		
Specify wh	(Specify city or nether injury occurred in INOUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.	
Manner of	injury		
Nature of			

	ease or Injury in any way related to occupa	tion of deceased? I Q	
If so, spec	ify	175 7000	
(Signe	(be	0	
	(Address)	dens.	and

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Oate Aug. 27th 1933

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

07793

1. PLACE OF DEATH			93-0	
County Anne Ar	undel		Registration Dist. No. 4	
Village or City Cro	wnsville St	(lf	iteni	number)
	Sadie Green			001118111100
	Baltimore, 1		St., Ward. If nonresident give city or town and	State
PERSONAL AND ST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R black	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 12th (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced now HUSBAND of (or) WIFE of	nown	•	22. I HEREBY CERTIFY, That I attended Rebruary 25 19 25 to August 12	
6. DATE OF BIRTH (month, day, and ye	an) 1882		Hast sew h er elive on August 12 1933	
	onths Oays Unknown	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at 10:40 . M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPIN SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	iner, Unknov	٧n	Chronic myocarditis	2
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc	11. Total t	ime (years) ntin this		-
12. BIRTHPLACE (city or town) (State or country)		upation	Other Coutributory Causes of Importance: Arteriosclerosis	?
置 13. NAME Unknowr	(desd)	***************************************		
14. BIRTHPLACE (city or town) (State or country)	707 7	nown	Name of operation Oate of What test confirmed diegnosis? Was there an a	autonev?
15. MAIOEN NAME TINKY	own (dead)		23. If deeth was due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (State or country)	77		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
AT INFORMATION	l Records	land	(Specify city or towo, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18, BURIAL, CREMATION, OR REMOVAL	Cometern du	1.19 ,63	Manner of Injury Nature of injury	
19. UNDERTAKER MAS Kall (Address) 32 2 M-	R. A. Willie	ins	24. Wes disease or injury in my way related to occupation of deceased.	
20. FILEO Cong 15, 1933	Joseph C.	Registrar.	(Andress) Grownsville, Marylan	nd)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAH V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIA	N
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S. No.

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting JO. S. No. 1.

Manner of injury

Nature of injury_

If so, specify

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstatial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
the state of the s		MAMBORE	
Other contributory causes of importance:		Other contributory causes of importance:	F-F
Gallstones	May 1,1923	Gastroenteritis	1 year
· ·			
	1		

ADDITION	AL SPACE FOR FURTHER STATEMENTS BY PHY	YSICIAN

V. S. No. 1 N. B.- of OCCUPA-

	STATE C	OF MARY	/LAND-	CERTIFICATE OF DEATH	0.5
1. PLACE OF DEATH				90	95
County	Anne Arunde	el		Registration Dist. No. 21	
Village or	City Crowns	rille St	ate Hosp	1 t = ND. - St., - death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of res	idence In city or town where	death occurred_2		death occurred in a hospital or institution, give its NAME, instead of street and in	
2. FULL NA	ME Daniel	Hall			
(a) Reside	nce: No. Freder	ick Coun	ty, Mary	Laist Ward.	
	NAL AND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARK		21. DATE OF DEATH	
male	black	OR DIVORCED	(write the word)	August 27th (Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Unknown				July 19th ,1931, to August 27th	
6 DATE OF RIGHT	(month, day, and year)	1863 (?)		I last saw h. im alive on August 27th 19 33 death is so to have occurred on the date stated above, at 7:05Pm.	
	ars Months	Oays	If LESS than		
	70? Uni	khown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
9. Industry or	ession, or perticular work done, as SPINNER, R, BOOKKEEPER, etc business in which is done, as SILK MILL,	Unknown	·	Cerebral erteriosclerosis	2
11113 000	LL, BANK, etcsed last worked at upation (month and	11. Total tid	me (years) t in this		
12. BIRTHPLACE (city or town) Mar Jland (State or country)				Other Contributory Causes of importance: Senility	?
13. NAME	William	Hall			
	E (city or town) r country)	Unknown		Name of operation Date of What test confirmed diagnosis? Was there an a	utonsv?
15. MAIOEN N	AME Harmon	ica Hall		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIOEN NAME Harmonica Hall 16. BIRTHPLACE (city or town) Unknown (State or country)				Accident, suicide, or homicide? Oate of injury Oate of injury Occur?	
17. INFORMANT Hospital Records (Address) Croynsville Maryland			rland	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ice,
18. BURIAL, CREMATION, OR REMOVAL Place Durie Levelan - Oate 31. 32			32	Manner of Injury	
19. UNDERTAKER Wales Ode Right (Address) Walestory Try			Sugh	24. Was disease or injury In any way related to scupation of deceased?	,
20. FILED 8 31: 33 , 19 Registrar.			To Registrar.	(Signed Crownsville, Marylar	nd . o.
	If more	blanks are nededia	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Ēxample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EDREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DE	ath me Arun	del		Registration Dist. No.	1
Village Dr City					
2. FULL NAME	Mari	e Hall			mosas.
(a) Residence: No.	Anne	(Usual place	l County,	MStrylenward. If nonresident give city or town as	nd State
PERSONAL A	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
	LOR OR RACE Lack		RRIED, WIDOWED, ED (write the word) PP ie d	21. DATE OF DEATH August 31st (Month) (Day)	, 193
ia. If married, widowed, or d - HU3BAND of (or) WIFE of		der Hall	1	22. I HEREBY CERTIFY, That I attende August 17th, 19 33, to August 31	
5. DATE OF BIRTH (month,	day and year)	1896		last saw h er alive on August 31 193	
AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 12:45 to 1/4. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or kind of work dor SAWYER, BDDK! 9. Industry or business work was done, SAW MILL, BAN Industry or business work was done, SAW MILL, BAN Industry or busine preparation (in this preparation)	in which	Waitr		Third degree burn with	Date of onset
SAW MILL, BAN 10. Date deceased last this occupation (ryear)	worked at month and	11. Total	time (years) ent in this — — —		
z. BIRTHPLACE (city or tow (State or country)	m) Maryl	e nd		Other Contributory Canses of importance:	
13. NAME A	braham W	allace			
13. NAME A 14. BIRTHPLACE (city of (State or country)	town) Mary	land	~~~~	Name of operation Date of What test confirmed diagnosis? Was there at	
15. MAIDEN NAME Mary Spriggs 16. BIRTHPLACE (city or town). Maryland (State or country)				23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Suicide Date of injury accur?	ng: ent,192 w
7. INFORMANT HOS	crowns		Maryland	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F Unknown	tale) PLACE.
18. BURIAL, CREMATION, DI PlaceS_LM		L_Date 88/1	-2 , _{19.83}	Manner of injury Burned from waist up Nature of injury back	front &
19. UNDERTAKER & 7	HB Pa	for 8	v	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEDang 31	,1933 9	75 C.	Registrar.	Signed) Signed St. QWn Sville, Lieryle:	00 M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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should state

STATE 1. PLACE OF DEATH	OF MARY	/LAND—	CERTIFICATE OF DEATH	7797
County Anne Ar	undel		Registration Dist. No.	27 =
Village or City nnapo		(16	No. 26 Franklin St. St., death occurred in a hospital or institution, give its NAME instead of street and	3 Ward
Length of residence is city or town when	e daath occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME PAMEI		RIA HALL		
(a) Residence: No. 26 Fra	nklin St.	f shode)	St., 3 Ward. If nonresident give city or town ar	J State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	id Siate
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Widow	(write the word)	21. DATE OF DEATH August 9 (Month) (Day)	, 193 3 (Yaar)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Samuel	D. Hall		22. I HEREBY CERTIFY, That I attanded	d daceased from
DATE OF BIRTH (month, day, and yaar)	March 6.	1841	()	.; death is sele
7. AGE. Years Months 92 5	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	none		Urosmia	Oug
SAW MILL, BANK, etc		na (yaars) tin this pation		
(State or country)	dsonville . Co., Mo	i.	Other Contributory Causes of importance:	Seven
	lehart		V	1
(State or country)	Mal	inty, cyland.	Name of oparation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Matilda Davidson 16. BIRTHPLACE (city or town) A. A. County, (State or country) Maryland.			23. If death was due to axternal causes (VIOLENCE) fill in also the following Accident, suicida, or homicide?	•
7. INFORMANT Mrs. F. A. (Addrass) Annapolis.	Munroe (d	laughter	(Specify city or town, county and St Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Consideration of Removal Consid	194 Date 8/1	2 ,19.33	Manner of injury	
9. UNDERTAKER John M. (Addiass) Annapoli	Taylor, s. Md.		24. Was disease or injury in any way related to occupation of decaased?	Mo
20. FILED Cu 9 11, 19 33	fragé c.	Registrar.	(Signad) (Address) Character C	м. п

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of enilepsy	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

(Address)

1. PLACE OF I

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07798
DEATH	120
a. a lo.	Registration Dist. No.
in city or town where death occurred yrs mos	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How longing, S. if of foreign birth? yrs. mos. ds.
Rebeccas Hal	gs. now longcua-u, s. if of foreign birth?yrsmosds.
No. 5 (Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Manieol	21. DATE OF DEATH (Day) (Day) (Yeer)
th, day, and year) July 1 1894	22. I HEREBY CERTIFY. Thet I ettended deceased from 10, 19 33, to august 19, 19 33 I last saw h.m. alive on august 17, 19 33; deeth is said
Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5:00 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
or particular dona, as SPINNER, Jouse Beager	Cholecyptitis 57-133
ress in which a, as SILK MILL, ANK, etc	asthuba 171
st worked et 11. Total time (years) n (month and spant in this occupation	
town) blace somethe md.	Other Contributory Courses of importança:
In Brown.	

Name of operation Whet test confirmed diagnosis?_____ Wes thara an autopsy?____ 23. If death was dua to external causes (VIOLENCE) fill in elso the following:

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Nature of injury____

24. Was disease or injury in any way related to occupation of decaased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDIN	WITH UNFADING INK-THIS IS A PERMANE
	A PF
FOR	2
3	HIS
K.	
KESEKVED	NK
2	CN
ZIS	ADI
MARGIN	FNE
Z	H
	WI

1. PLACE OF DEATH	2.51
County (Registration Dist. No.
Village or City Arusas	ND. St. War
Length of rasidence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S.If of foraign birth?yrsmosds.
	mos
2. FULL NAME green	
(a) Residence: Np. (Count place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY. That I attended deceased from
0 1 14 10	Meg 18 , 1923, 10 Well 28, , 193
6. DATE OF BIRTH (month, day, and year)	I last saw he flamaliva on [Ll] 2 1 19 3 daath is sa
7. AGE 3 Yaars Months Days / If LESS t 1 day,	The state of the data states and the
8. Trada, profassion, or particular	n. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	o flammay developers for
9. Industry or business In which work was done, as SILK MILL,	7-1-9-3
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Dther Coutributery Causes of importance:
13. NAME William. Thanks	- WAL
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation Data of What test confirmed diagnosis? Clarifical Was there an autopsy? My.
15. MAIDEN NAME IN PLACE OUR	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT many thicks (Address) up the mark boro.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Date ung 31,19	Natura of Injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of dacaasad?
20. FILED (ing 30, 1933 Jage C. France	(Signad) What L. alldersa M.
Registr	rar. (Addrass) Willy les Word

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I		Example II	'
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 8 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L.	

should state

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 07800
County time Amudel	Registration Dist. No. 21
Village Dr City Materbury	No. St Ward
Length of residence in city or town where death occurred 29 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. Hew long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dannel	Horve
(a) Residence: No. Waterburn Me	& St. Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	Mleg. 17 193 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(ac) title of Olivia . N. Howe	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) africe 15-185	2 last saw h low alive on ducy 170, 1933; death is said
7. AGE Years Months Days If LESS tha	The state of the s
8/ 4 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related glauses of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Corpsession SAWYER, BODKKEPER, etc	Cente my ocarlites 8/8/33
2 9. Industry or business in which	neure injustices of 53
work was dona, as SILK MILL, SAW MILL, BANK, etc.	- HyperStatic Melleme 8/13/2
10. Date decaased last worked at this occupation (month and 1918 spent in this occupation year)	7,000
O ₂	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Office and the second of the
W 13. NAME Unknown	- Chrone my carditis 19 10
13. NAME 14. BIRTHPLACE (city or town)	Name of operation. 2602 Date of
(State or country) Alsoftwaren	What test confirmed diagnosis?
15. MAIDEN NAME Olyganown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Stata or country) Unfansur	Where did Injury occur?
17. INFORMANT Oliving 49 How (Address) malestyrus mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placed Slephent Date leng 20, 193	Nature of injury
19. UNDERTAKER B. L. Happins	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) annafolis . Km.	If so, specify Man Markata
20. FILEDLING (8, 19 33 Fry C) Registrar	
If more blanks are needed, address State Regiss	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
T. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

07801

1. PLACE OF DEATH	(97)	,
County Anne Arundel	Registration Dist. No. 21	
Village Dr City Crownsville State Hosp Length of residence in city or town where death occurred yrs 6 m	ita No. (If death occurred in a hospital or institution, give its NAME instead of street and not	Ward umber) sds.
2. FULL NAME Silas Hughes		
(a) Residence: No. Dorchester County, (Usual place of abode)	Mergtland Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH August 3rd (Month) (Day)	193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. IHEREBY CERTIFY, That I attended d Jan. 15th 19 330 Aug. 3rd	leceased from
6. DATE OF BIRTH (month, day, and year) 1858	Hast saw h im alive on August 3rd 19.33	: death is said
7. AGE Years Months Days If LESS than 1 day,hr. ormin.	to have occurred on the data stated above, at 4:35Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Cerébral arteriosclerosis	Datonset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Data deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Maryland (State or country)	Dther Contributory Causes of Importance: Senility	?
E 13. NAME Charles Hughes, dead		
13. NAME Charles Hughes, dead 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there are at	
置 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Date of injury	
17 INFORMANT Hospital Records	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA) CE.
(Address) Crownsville, Maryland 18. BURIAL, CREMATION, DR REMOVAL PROPORTION DR REMOVAL	Manner of injury	
19. UNDERTAKER OF R. P. Willevole Duft	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 6 33, 19	(Signed)	9 Z.m. D
Registrar. If more blanks are needed address State Registrar.	(Address) POWNS VILLE METYLES 17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1: METYLES	nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1943			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07802		
1. PLACE OF DEATH	(121)		
County A.	Registration Dist. No. 20		
Village or City Anne muts on	in the St., Ward		
	death occurred in a horpital of institution, give its NAME instead of street and number) 2 ds. How long in U.S. If of foreign birth?		
11 11 +	As now long in o. o. i or roleign bilting		
2. FULL NAME 1 Mcan 14 an vily	1. How		
(a) Residence: No. Church (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Course 6 193 3. (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Do not Ruce	22. I HEREBY CERTIFY. That I attended deceased from 1933, to largust 6 , 1933		
6. DATE OF BIRTH (month, day, and year) 1869	I last saw Infu alive on Cugust \$7 2, 1933; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
64 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceasad last worked at this occupation (month and separation this programs of the p	Japhnie Franklink Do Japhnitio - Frank		
10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	Other Contributory Canses of importance:		
12. BIRTHPLACE (city or town) (State or country)			
II 13. NAME LA POLOVO			
13. NAME TO TOWN)	Name of operation Date of		
(State of Country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME NO Rum	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town) (State or)country)	Accident, suicide, or homicide? Date of Injury, 19		
17. INFORMANT (Address) Chun ann Ja Con Hong	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place To Date Ing 7 19.3-3	Manner of injury Nature of injury		
19. UNDERTAKER DO SOUTH OF THE CANADA SOUTH OF	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Desg 6 - 1933 Carries Registrar.	(Signed) Month me Very Car M.D. (Address) Do and Son Ville Mall		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEF 1 1999			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1 PLACE OF PEATH	07803
1. PLACE OF DEATH	186-2
County (Mus amude)	Registration Dist. No. 3-1
Village or City Willeling	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs2mos	
2. FULL NAME Mary W. Lager.	
(a) Residence: No. 1712 1364 Con	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hervale White S, SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Hung falger.	. 19to
6. DATE OF BIRTH (month, day, and year) Set 15-1860	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
82 // /3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Fracture due to an accidental fall, down the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	stepes of her home. Curs. P. 1
9. Industry or business in which	Fractions of test his
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
a ting occupation (month and	Occured on July v, 1833
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) At any Court	A. S. B.
	Growthe feminina
13. NAME YOU W fortunar	derivers cereg. 26, 183
13. NAME (W le fendure ac 14. BIRTHPLACE (city or town) Many Courty)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME The aleth Warres	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Assident Date of injury July 5, 1933. Where did injury occur? Herold Kerbon and Chandle Comme.
(State of Country)	(Specify city or town, county and State)
17. INFORMANT MAN Alguell Letter	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) // 2 Jacker St. Bull Will 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Oscidentally fall down steps.
Place Merraliester Mode auf 31 1932	Nature of Injury Frosture of Lath Light
CI. IN WILL	0 0
19. UNDERTAKER CALL X MANAGEMENT	24. Was disease er injury In any way related to occupation of deceased?
(Address) Allen pale of the	If so, specify
20. FILED Ling 29, 1933/ gray Le mo	(Signed) Limited States (M. D.
	2411 N. Charles Street. Baltimore. Requests 275 Notes Artle met

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 07804
1. PLACE OF DEATH	210-9
County W. Ma Ma.	Registration Dist. No. 24
Village or City Twaterburgh G. Cou	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mosds.
	nson
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WDOWED, OR DIVORCED—write the word) 5a. If marriad, widowad, or divorcad	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May. 25-192	Wast saw h alive on
7. AGE Yaars Months Days If LESS than	to hava occurred on the data stated above, atm.
9 21 (1) 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	4. f. 1 de 10 - 1
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Lymnings would of
10. Date deceased last worked at this occupation (month and year)	authoritolia
12. BIRTHPLACE (city or town) selecte level	Other Coutributory Causes of importance:
(State or country) Le. Le. Lo. Mcl.	
13. NAME Of COLOR COLOR OF THE STATE OF THE	
14. BIRTHPLACE (city or town) Seems level Mil.	Name of oparation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to axternal causes (VIOLENCE) fill In also tha following:
6 16. BIRTHPLACE (city or town) waterfuly.	Accident, suicida, or homicida? Lacada Date of injury 91,3, 1933
(Stata or country) a. a. Spr. Mid	Whera did injury occur? Waterbury A. A. Co. and
17. INFORMANT John Chuster (Address) 48 la testent Mide.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Mannar of injury as this tire term while
Stolder May 15, 1933	Nature of injury Walking on higheray
19. UNDERTAKER Otros & Hecho & Mal	24. Was disaasa or injury in any way related to occupation of daceasad?
20. FILED Lucy 17, 19.33 Jay 4 C. John Mexistrar.	(Signed) thereas to las of S.
The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii.	Example II	II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU					
Other contributory causes of importance:	-	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	07805
County Q. Q.	Registration Dist. No. 2314
Village or City Ferndale	St.,Ward
30	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Javan F. S	dusm
(a) Residence: No. Fern dale (St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR PLYORCED (write the way) OR PLYORCED (write the way)	21. DATE OF DEATH (Modil) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Magaie I olivser	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
m / 6 / 1804	l last saw h alive on Alla 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
30 / 1 day, Ars.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows: Oate of oneet
kind of work done, as SPINNER, Laleaner SAWYER, BOOKKEEPER, etc.	
▼ I 9-Industry or business in which /// /// /// /// /// /// ///	(DIMINE) DIGHT
SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	A. F. A. Marilla
year) occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Q. a. Co. md	
(State or country)	190097
13. NAME Thomas Johnson	VI II. CENTA
13. NAME Thomas Johnson 14. BIRTHPLACE (city or town) 15. (State or country)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sarah Brown	23. If death wes due to external lauses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Prince Service	Accident, suicide, or homicide?Suncestyl Date of injury 3 duty, 1925
E (State or country)	Where did injury occur? Real
17. INFORMANT Selby Johnson (Address) So stoff blum Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury - Classification & Quent
Place Must a Comment 6 , 19	Nature of injury PANAL
19. UNDERTAKER and astary	24. Was disease or injury in any wey related to occupation of deceased?
81 - 23 marlage	(Signed)
20. FILEO	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07806
1. PLACE OF DEATH	82.00
County a a	Registration Dist. No.
Village or City term apoles mo	No. Energency Hospile St. Warr
	f death occurred in a houstfal or institution, give its NAME instead of street and number)
3 9 1 , /	s. 1.7ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Sam Johns	
(a) Residence: No. (Villay o (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, and yeer) ofice 15-1886	Hast saw h Gra elive on Lug / 1933; death is sei
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 2:304_m.
47 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cante flelalaban 7 Heart Tunes
9. Industry or business in which work wes done, as SILK MILL,	Eurospour news
SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and 1902) 11. Total time (years) spent in this occupetion occupetion	Heffeitevour (931
12. BIRTHPLACE (city or town) Q Q & Go and	Other Contributory Causes of importance: (by feele) hery
(State or country) 13. NAME Prohase Jones	die to Chelife Tenentry 1143:
13. NAME Prohase form	Neme of operation Date of
(State or country) a a a a	What test confirmed diagnosis? Cluseed Was there an eutopsy? 24
15. MAIDEN NAME Mayaret Herres	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Magault Iferre) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) and a grow wh	Where did injury occur? (Specify city or town, county and State)
(Address) mayo a. E. Co	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Menner of Injury
Plece Date 7 , 19	Nature of Injury
19. UNDERTAKER 3 7 74 of forms (Address) amount of m	24. Was disease or injury in any way related to occupation of deceased? WW
20. FILE Cing 3, 1933 fray L C. Jan Registrar.	(Signed) (Address) (Addres
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	SI
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorthage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
A CONTRACTOR OF THE CONTRACTOR			

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnoda County Anne Arundel Registration Dist. No. brooklynn Village or City___ Length of residence in city or town where death occurred 18 yrs. Rennie L. Kellum 2. FULL NAME 2 Audrey Ave (a) Residence: No.__ (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single Female White 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Years Days If LESS than 7. AGE Months 1 day, ____ hrs. 25 or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ Jo Operator Andustry or business in which work was done, as SILK MILLOthing Factory SAW MILL, BANK, etc. 11. Total time (years) 10. Date deceased last worked at See instructions on this occupation (month and spent in this occupation _____ Middlesex Co. Va. 12. BIRTHPLACE (city or town) (State or country) FATHER Kellum 13. NAME Va. 14. BIRTHPLACE (city or town) (State or country) MOTHER is very important. 15. MAIDEN NAME Nelia Welson CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) (Address) Brook. Co. 18. BURIAL, CREMATION, OR REMOVAL TION 19. UNDERTAKER (Address) œ,

Registrar.

If more blanks are needed, address State Registrar,

No death occurred in a hospital or institution		St.,	Ward
death occurred in a hospital or institution	i, give its NAME, in	istead of street and n	umber)
as. How long in 0.3.11 of it	neigh bilth:	yisino	sus.
St., Ward.			
		e city or town and	State
MEDICAL CER	RTIFICATE C	OF DEATH	
21. DATE OF DEATH	2		
	Month	(06)	193 (
	INOILLI	(Day)	(1641)
		That I attended d	
ang 19	,30, to an	19 24	, 19 3 3
I last saw h . Et alive on	8-240	, 19 33	; death is said
to have occurred on the date stated a	bove, at/_/	7.A11.	
The PRINCIPAL CAUSE OF DEATH			
were as follows:			Date of onset
	1		
(Tulmonary O	La Viere	0-	this
Joseph C			
Other Contributory Causes of importa	ince:		
Name of operation	10	Date of	
What test confirmed diagnosis?	Ray	Was there an a	utopsy?hu
23. If death was due to external cause	s (VIOLENCE) fill i	n also the following	:
Accident, suicide, or homicide?	hu- Da	te of injury	, 19
Where did injury occur?			
Specify whether injury occurred in I	(Specify city or to	wn, county and State	c) ICF
openi, michiel injuly occurred in a	nibootini, minomi	.,	
Manner of injury			
Nature of injury			
24. Was disease or injury in any way	related to occupati	on of deceesed?	
If so, specify		5	
(Signed) awren	celly	Jena	M. D.
(Address) 1009	anna	folis is	hief.
2411 N. Charles Street, Baltimore, Requ	esting V. S. No. 1.		

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		BECHER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

	STATE OF MARTLAND	CERTIFICATE OF DEATH							
	1. PLACE OF DEATH	82-20							
	County Mine Mundal Ganty Mr. Registration Dist. No. 2310								
	Village or City le attail Lonela	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)							
1	Length of residence in city or town where death occurredyrs/mos	ds. How long in U.S. if of foreign birth?yrsmosds.							
	2. FULL NAME Herman E. F.	lein							
	(a) Residence: No. 1817 Willsens Wy (Usual place of abode)	St., Ward. / Sultinum, Much							
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH							
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MARY 25th 193							
	5a. If merried, widowed or divorced	(Mog/h) (Day) (Yeer)							
	(or) WIFE of Jances M. Ayers	22. I HEREBY CERTIFY, That I attended decessed from 23 1933 to Mula 2 5 1933.							
di.	6. DATE OF BIRTH (month, day, end year) June 12-1842	I lest saw m alive on Oug 23, 1933; death is seid							
certificate	7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, at 2. John.							
tif	44/ 2 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance							
cer	8. Trade, profession, or particular	were es follows: Date of onset							
Jo	kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. Selessum	cerebral Hemonicage (ing 23							
ck	9. Industry or business in which	<i></i>							
back	work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)								
no s	O 1D Dete decessed last worked at this occupation (month end year)								
ons	9.3 net	Other Contributory Causes of importance:							
ructi	12. BIRTHPLACE (city or town) Oursell Market (State or country)	Hypertensin (Essertial).							
instructions	13. NAME John Klerie	- A							
See	14. BIRTHPLACE (city or town)	Name of operation MMQ Date of							
00	(Stete or country)	What test confirmed diegnosis? Paralysis Wes there an eutopsy? Ho							
impertant.	15. MAIDEN NAME Le ardine Cachett	23. If death wes due to externel ceuses (VIDL ENCE) fill in elso the following:							
•rt	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?							
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)							
very i	17. INFORMANT AND	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.							
is v	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury							
	Plecet Chile linder 1, 19	Nature of injury							
TION	19. UNDERTAKER J. D. Wishbut Son	24. Wes diseese or injury in eny way related to occupation of deceased?							
T	(Address) / SOO Entre Piles	If so, specify							
1 may	8/20 33 m. D. Deno	(Signed) All Misso D. Labelly M.D.							
1	20, FILED	(Address) 391 Y Renglers From Ref							
Married 1									

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA.

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

stated EXACTLY.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

			- 19			
wi-		1 / A / A				10
4	7-1-1-1		7	-	2 -12	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	0780
TATU		(93-C)			

1. PLACE OF DEATH		(93-C)				
County anne an	undel -	Registration Dist. No.				
Village or City Harvo	(1)	NoSt.,Ward I death occurred in a horpital or institution, give its NAME instead of street and number)				
Length of residence In city or town where death occu	rredyrs,mos	ds. How fong in U.S. if of foreign birth?				
2. FULL NAME Maggie	, alvala A	officers Roll				
(a) Residence: No. (Us	ual place of abode)	M. St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
finale white ORD	LE, MARRIED, WIDOWED, WORKED (write tha word) WALLEL	21. DATE OF DEATH august 15 (Month) (Oay) (Year)				
5a. W married, widowed, or divorced HUSBAND of (or) WIFE of John Joe. Ko	lt-	22. HEREBY CERT! FY, That I attended deceased from 19 33, to August 15, 19 33				
6. DATE OF BIRTH (month, day, and year) Mare	h 18, 1872.	I last saw h_Cx elive on august 14 19.3 ; death is sald				
7. AGE Yaars Months C	leys If LESS than	to have occurred on the data stated above, at 6 - 45 m.				
62 4 2	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER.	• /	Myscarditis				
SAWYER, BOOKKEEPER, etc.	infe	()				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	home.					
	1. Total time (years)	-				
this occupation (month and year)	spent in this					
- 1	nty, lud-	Other Cantributary Causes of importance:				
	hins.	Rheumste ferer				
E	· ·					
14. BIRTHPLACE (bity or town)	Menly	Name of operation Oate of Oate of				
	N. t	What test confirmed diagnosis? Was there an autopsy?				
15. MAIOEN NAME Elizabeth (16. BIRTHPLACE (city or town) A . 4.	run-	23. If death wes due to external causes (VIOLENCE) fill in also the following:				
16, BIRTHPLACE (city or town)	Collecty	Accidant, suicide, or homicide? Date of injury, 19				
State or country)	-	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT desired		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.				
18. BURIAL, CREMATION, OR PEMOVAL Place Oate	Dug 17 ,1933	Manner of Injury				
19. UNOERTAKER (Addiess) Charles	to med.	24. Was disease or injury In any way related to occupation of decaasad? 24. If so, spacify				
20, FILED ang /6 1903 W.)	Clay lon	(Signed) E mily N- hilson M.D. (Addrass) Lathian, Ma				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	6	Ö.	1	ŧ	ļ

1. PLACE O	F DEAT	н			(82)	10111
County	Anne	Arunde	1		Registration Dist. No.21	
Village or C	City	Bar Ha	rbor (R	ock Cree	k) No.	Ward
langth of see	idence in city	u or town where d	eath assured	(l) mo:no:	death occurred in a hospital or institution, give its NAME instead of street and	number)
					Syrsyrs.	mos
				walwski		
(a) Residen	ice: No. 2	14 S. F	Otomac (Usual place		St., Ward. Baltimore, Mo	d State
PERSON	IAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male		or RACE	5. SINGLE, MAR OR DIVORCE Singl	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH August IOth (Month) (Day)	, 193 3 (Yeer)
5a. If married, widow HUSBANO of	ved, or divor	ced				N.E.C.
(or) WIFE of					22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH	(month day		lv 9th	1917		
7. AGE Yes		Months	Oays	If LESS than	to have occurred on the date stated above, at6pm.	; death is said
	16	I	I	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
8. Trade, profe	ssion, or par	rticular		ormin.	Accidental drowning	Date of onset
kind of y	work done, e , BOOKKEEP	e CPINNED	student			
NOLLA SAWYER 9-Industry or work wa SAW MII 10. Date deceas	s done, as SI	LK MILL.				
SAW MII	LL, BANK, et	C	(-co-1-1-e	ge)		
- 1 tills occu	pation (mon	th end	\$03	nt in this		
					Other Contributory Causes of importance:	
12. BIRTHPLACE (ci		naı	timore,	Md		
13. NAME	Rer	nard Ko	walewsk	302.00		
13. NAME 14. BIRTHPLACE		70-7	timore		Name of operation Date of	
(State or	country)	/n)		id .	What test confirmed diagnosis? DOS t-mortem was there an	
15. MAIDEN NA	ME]	Margare	t		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NA 16. BIRTHPLACE		רפע	timore		Accident, suicide, or homicide? Date of injury	~
	country)		M	d.		
17. INFORMANT	Be:	rnard K	owalews	ki	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nie) 1 ACE.
(Address)		514 S.	Potomac	st.		
18. BURIAL, CREMAT				TA 77	Manner of injury	
Place119	DAY C	ross	Dete AU	. 16 _{,19} 33	Nature of injury	
19. UNOERTAKER	Lilv	& Zeil	er		24. Was disease or injury in any wey releted to occupation of deceased?	no
(Address)			ltimore	Md	If so, specify	
20. FILED 8-	//	$\omega \gtrsim 2$.	Q. 63	reifin	(Signed) X	M. D.
				Registrar.	(Address)	- Ma

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17 2 12					
Other contributory causes of important		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
\Y/					

M.

	CERTIFICATE OF DEATH 0781	11
1. PLACE OF DEATH County	Registration Dist. No.	
Village or City Consequence (If Length of residence in city or town where death occurred yrs mos	Mo. St., W death occurred in a hornest or institution give its NAMV instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	/ard
2. FULL NAME Lucy M. Lan	elect	_450
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PETSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Lugust 3, 193 3 (Month) (Day) (Yeer))
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Review L. Zamber	22. I HEREBY CERTIFY. That t ettenged deceased f	fcom
6 DATE OF BIBTH (month day and was) 6 × 9 1911	8 1/2 31	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	7->00	said
1 day,hrs.	to have occurred on the date stated above, at	
2 ormin.	were as follows:	nset
8. Trade, profession, or particulal kind of work done, as SPINNER, House coef.	Coronny Embline 8.3	. 3
kind of work done, as SPINNER, House Lock SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked at this occupation (month and	J	
11. Total time (years) this occupation (month and year) this occupation		
12. BIRTHPLACE (city or town) Vergenia	Other Contributory Causes of importance:	
(State or country)	Per longe la abreen	
13. NAME George . Pear .		
(State or country) Outsine	Name of operation Date of	07
15. MAIDEN NAME Collies Walles	What test confirmed diagnosis? Wes there an autopsy?	132
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
(State or country) Wayance	Where did injury occur?	
17. INFORMANT Marion le Lambert (Address) Harwood maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place all Hallows Date any 5 1000	Nature of Injury	
19. UNDERTAKER 13 L Haffing	24. Was disease or injury in any way releted to occupation of deceesed?	
20. FILED CLUS 5, 19.33 Fresh C. Fresh	If so, specify (Signed)	13.
Registrar.	(Address) Little of the control of t	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		les Arabas	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

BINDING

MARGIN RESERVED FOR

V. S. No. 1

		1PLACE OF DEATH		STATE OF I			
		County anna arundel	(43-50)	Registration	25		
9.	Vil	lage or City Rock Point (No.		St.: Ward)	(16.1 - 11.		
ificat		2FULL NAME William Sten	ry Lan		stead of street and number.)		
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
ack of	3 9	Male Color or RACE 5 SINGLE. MARRIED WIDOWED OR DIVORCE (Write the word)	16 DATE OF DEATH		19, 1933 (Day) (Year)		
ons on b	6 0	(Month) (Day) (Year)	17 Lug 16	CERTIFY, That Late	anded the deceased from		
instruction	7 A	GE [If LESS than I day hrs. or min.]	and that death occur The CAUSE OF DEA		above, at 3, 25 0m.		
t. See in	() P	occupation a) Trade, profession or articular kind of work b) General nature of industry	Ace	F 11	io Enteretà		
importan	N	usiness, or establishment in which employed or (employer)	Contributory Secondary	Heule Ille	yrs mos de		
s very i	***************************************	10 NAME OF FATHER Stephen Lane	(Signed) (C	(Addres 6012	Carrelles IV		
NOI	ENTS	OF FATHER (State or country) 12 MAIDEN NAME	*State the D Violent Causes, st Accidental, Suicidal	Disease Causing Death, tate (1) Means of In	or, in deaths from jury and (2) Whether		
PAT	PAR	OF MOTHER Wisher	18 LENGTH OF RE		tals, Institutions, Trans-		
occn		OF MOTHER (State or country)	At place of deathyrs	tracted.	eyrsmosds.		
t of	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea Former or	(h?			
statement		(Informant) Susama Land	19 PLACE OF BURIA		DATE OF BURIAL		
tate		(Address) Rock Point as a . Co. me	mago	they lem.	aug 22 1933		
0	15	Filed aug 2 2 1933 - La M. Whilem. Registrar	20 UNDERTAKER	aslays	Balto md &		
	me-w	If more blanks are needed, address State Registrate	, 16 W. Saratoga St.,	Balto., Requesting V.	5, No. 1.		

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever meumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, causing death), 29 ds.; L. stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature of the ," "Convulsions, Measles; 20

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

and .	
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No.	
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	F MARYLAND-	CERTIFICATE OF DEATH	7813
. PLACE OF DEATH	<u> </u>	130	
County 1 W - LL	/ :	Registration Dist. No.	21
Village or City	apoles, Md	No. O Assistant Mediate of institution, give its NAME instead of st	St., Ward
Length of resident in city or town where de	eath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
FULL NAME L ha	eles Jaun	enc.	
(a) Residence: No. 37	Calaux	St Ward.	
	(Usual place of abode)	If nonresident give city or t	
		MEDICAL CERTIFICATE OF DE	ATH
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1933
If married widowed or divorced	married	(Minth) (Day)	(Year)
HUSBAND of	P	27. I HEREBY CERTIFY That I	attended deceased from
mary	farm	ally 1, 19,3), 10 aug	(19.33
DATE OF BIRTH (month, day, and year)	lec. 12/1842	I last sawh un alive on uley	19.3.3; death is said
GE Years Months	Days If LESS than	to have occurred on the date stated above, at 3.26 m.	
90 17	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of onset
8. Trade, profession, or particular	7.	A	Date or onset
SAWYER, BOOKKEEPER, etc	por	alle respects	Leue 7
work was done, as SILK MILL.		Cause empresa	1233
10. Date deceased last worked at	11, Total time (years)	U.	
this occupation (month and year)	spent in this occupation		
	. G. C	Other Contributory Causes of importance:	1000
(State or country)		Summe	14.40
13. NAME		0	
11 000000000000000000000000000000000000	hamel	Marie Marie	
(State or country)	Buland	0.	Date of
15 MAIDEN NAME			here an autopsy? A.J.
0/.	- Land		
	mygus		/, 19
21 4	marie .	(Specify city or town, county	and State)
INFORMANT 37	w to	Specify whether injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	1	Manner of injury	
Place Lesting . Cury	Date (114 9 , 1935	Nature of injury	
UNDERTAKER BLEEF	Jeeks &	24. Was disease or injury in any way related to occupation of decea	ased? Us
(Address) Company	oles, ma,	If so, specify	
FILED Ang 9 9, 19 33 3	solis, md	If so, specify . (Signed) Albert L. Audersan	
	County Village or City Length of residence in city or town where do FULL NAME (a) Residence: No. PERSONAL AND STATISTIC EX 4. COLOR OR RACE If married, widowed, or divorced HUSBAND of (or) WIFE of OATE OF BIRTH (month, day, and year) RIGE Years Months OATE OF BIRTH (month, day, and year) B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, SA	County Village or City Length of resident in city or town where death occurred (a) Residence: No. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS (EX	County Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred Yrs Mo Branch of residence in city or town where death occurred Yrs Mo Branch of residence in city or town where death occurred Yrs Mo Branch of residence in city or town where death occurred Yrs Mo Branch of residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred Yrs Mo Branch of Residence in city or town where death occurred No. Branch of Residence in city or town where death occurred No. Branch of Residence in city or town what was done as \$11K MILL Work was done

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WIN TION is very important.

V. S. No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs	STATE OF MARYLAND	CERTIFICATE OF DEATH 17814
Village or City Fummer Length of residence in city or town where death occured		(83)
Length of residence in city or town where death occurred	county Ame aundle	Registration Dist. No. 23
2. FULL NAME. Jamels Adaptive decision. West Maria. (a) Residence: No. West Maria Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SIX	Village or City Journal Paranch	
(a) Residence: No. Westmand State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARRIED, WIDOWED OR DIVORCE (we're the word) 6. DATE OF DEATH 22. HER EBY CERTIFY, That I attended deceased from the word of the date stated above, at	Length of residence in city or town where death occurredyrs,/mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Married, widowed, or divorced HUSARD of ("North of Coby") 5. If married, widowed, or divorced HUSARD of ("Oby") 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IN LESS than I day, hrs. of the date stated obleve, at m. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the country of business in which work was done, as SILK MILL, SAW MIL	(a) Residence: No. Westmin Doter,	Mard. Rank 6 If nonresident give city of town and State
Sa. If married, widowed, or divorced HUSBAND (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND (Month) (Day) (Year) 6. DATE OF BIRTH (month, day, and year) Aug 13, 1903 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, prefession, or particular kind or work done, as SPINNER, Causage of min. 9. SAVER, BOOKKEERER, etc. 10. Date decased last worked at this secupation (month and secupation (state or country)) 12. BIRTHPLACE (city or town) (State or country) 13. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. DATE OF BIRTH (month, day, and year) 17. INFORMANT Mass. Chimala & Dote Jung 2, 19-35 18. BURNAL, CREMATION, OR REMOVAL Placed Address) Augusta Augusta (Specify or town) (Specify city or town, country and State) 19. UNDERTAKER (CHARTON), OR REMOVAL Placed Augusta Augusta (Specify or town) (Specify city or town, country and State) 19. UNDERTAKER (CHARTON), OR REMOVAL Placed Augusta Augusta (Specify or town) (Specify city or town, country and State) 19. UNDERTAKER (CHARTON), OR REMOVAL Placed Augusta Augusta (Specify or town, country and State) 19. UNDERTAKER (Address) Augusta (Specify or town, country and State) 19. UNDERTAKER (Address) Augusta (Specify or town, country and State) 19. UNDERTAKER (Address) Augusta (Specify or town, country and State) 19. UNDERTAKER (Address) Augusta (Specify or town, country and State) 19. UNDERTAKER (Specify or town, country and State) 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HISBAND OF GOT WIFE OF MANY LONG 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESs than 1 day,hrs. orhis of work down, as SPINNER, SAWYER, BOOKKEEPER, etc	OR DIVORCED (write the word)	and 12 1933, 193
7. AGE Years Months Days If LESS than hrs. of the vector of the date stated above, at	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustian Augu	as Carrieros, 10 poetdental 196
SAVER, BOOKEREPER, etc. Gasperter SAVER, BOOKEREPER, etc. Gasperter Work was done as SPINNER, Gasperter Work was done as SPINNER, Gasperter Work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Spent in this occupation (month and year) 12. BIRTHPLACE (city or town). Wasternam & C. Long 13. NAME & Caural & C. Long 14. BIRTHPLACE (city or town) (State or country) Mat 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Mat 15. MAIDEN NAME 17. INFORMANT Mass. Caluard & Aoreg (Marker) (State or country) Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury. 19. UNDERTAKER Address) Manner of injury Nature of	7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
18. BURIAL, CREMATION, OR REMOVAL Place Hashmurster Ind Date Jug 2, 1923 Manner of injury. 19. UNDERTAKER John Jr., Very (Address) 71.5 Light St 20. FILED Qug 2, 1923 18. BURIAL, CREMATION, OR REMOVAL Barrier of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. I	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Lawrad Lawra	Dither Contributory Causes of importance. Dither Contributory Causes of importance. Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIDLENCE) fill in also the Iollowing: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)
(Address) 715 Light St. 20. FILED Quag 2, 1923 Ida M. Whiley (Signed) M. I	18. BURIAL, CREMATION, OR REMOVAL	ASSESSMENT TO ALL THE SECTION OF THE PARTY O
20. FILED LING 2., 1923 The Millson		If so, specify
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.	(Address)

CTATE OF MADY AND CEDTICICATE OF DEATH

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9.—The industry or business in which the work was done.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALC: NO STATE OF THE STATE OF T	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Симосопсо	Mag 1,1020	Chash detree in the	1 year
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Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	1
to authorization of change of names see letter Tiled un	dei
Sarah Johnson: 18128133(G)	

N. B.—WRITE—PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC TION is very important. See instructions on back of certificate.	
ID FOR BINDING IIS IS A PERMANENT RECORD. Every be stated EXACTLY. PHYSICIAN; be properly classified. Exact statement of certificate.	
IIS IS A PERMANENT RECORD. I be stated EXACTLY. PHYSIC be properly classified. Exact state of certificate.	
IIS IS A PERMANENT RECORD Stated EXACTLY. PHY be properly classified. Exact sof certificate.	
IIS IS A PERMANENT RE be stated EXACTLY. be properly classified. Ex. of certificate.	
ID FOR BINDING IIS IS A PERMANENT be stated EXACTL be properly classified. of certificate.	
ID FOR BINDII IIS IS A PERMAN be stated EXAC be properly classif of certificate.	
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IIS IS A I be stated be properly of certifica	
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t, W arefu H in	
NEN be c	
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FE I sho E OI is ve is ve	
N. B.—WRFEE-PLAINL mation should be CAUSE OF DEAT TION is very imp	
Ro. 1	
5 Z (T)	

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 07816
$G \cap G$	Registration Dist. No. 2 6
Village or City Churchton	No. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
	s
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Logice the word)	21. DATE OF DEATH & S 193 J (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jola Me Claime	22. I HEREBY CERTIFY, That I attanded deceased from
B. DATE OF BIRTH (month, day, and year) ages 19 1891	I last saw h 4 elive on 6 ,190; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Mechanic	Rulmonay Interculous May!
kind of work done, as SPINNER, MecLeauee SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Caracter SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and	4
10. Date deceased last worked at this occupation (month end year) - 45-7-7-000000000000000000000000000000000	
12. BIRTHPLACE (city or town) Braton Mass, (State or country)	Other Contributory Causes of Importance:
13. NAME Muterom & anyone	
13. NAME Autron & anyone 14. BIRTHPLACE (city or town) 11 12 14 17 (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an au'opsy? Lo
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ila Me Clavi (Address) Church lan	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Date	Manner of Injury
19. UNDERTAKER 9. a Standstyn (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ang 9 , 1933 Ges 1 Deut M. D. Registrar.	(Signed) Hayl Warl M. D. (Address) Quing Md

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1. PLA

2. FUI (a)

3. SEX Fema.

5a. If marri HU3B (Or) W

6. DATE O

I3. NAME

(State or country)

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

(State or country)

(State or country)

7. AGE

OCCUPATION

FATHER

MOTHER

S	TATE C	F MAR	YLAND-	CERTIFICATE	OF DEATH	07817
PLACE OF DEAT	Н			(48)		2.
County A. A. C	20.				Registration Dist. No.	d/
Village or City_Bar	Harbo			No. death occurred in a hospital or inst MO • ds. How long in U.S.;		
(a) Residence: No.		G. Meri Garrett	kle Ave.Balt		If nonresident give city	
PERSONAL ANI	STATIST	CAL PART	CULARS	MEDICAL	CERTIFICATE OF D	EATH
emale Whi	or RACE		RIFD, WIDOWED,	21. DATE OF DEATH	regult 30	4 1933
If married, widowed, or divormed HUSBAND of (or) WIFE of Milt	on B.	Merkle		march 28 11	CERTIEY, That	y) (Year)
ATE OF BIRTH (month, day,	and year)	3/26/1	899	I last saw hand alive on	inquet 00	1, 1933; death is said
GE Years	Months	Days	If LESS than	to have occurred on the date sta	ated above, at 9 15 a.m.	
34	4	25	or XZXZX	The PRINCIPAL CAUSE OF DE	ATH and related ceuses of Impo	1 2 2 2
8. Trade, profession, or parkind of work done, a SAWYER, BOOKKEEF 9. Industry or business in work was done, as SI SAW MILL, BANK, et al.	S SPINNER, PER, etc which LK MILL.	At Ho	m g	Carcinogra	feat who	wolf him to death
IO. Date deceased last work	ced et	II. Total t	ime (yeers)			

spent in this occupation ... Baltimore, Md 12. BIRTHPLACE (city or town)__ Michael J. Grogan Baltimore Md. 14. BIRTHPLACE (city or town). What test confirmed diagnosis feesle Ellen (French 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) Baltimore . Md. Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. ve. Bal to . Md 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury 23/33 19 Nature of injury. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1. PLACE OF DEATH

County Unne

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration	n Dist. No. 2/	^
No	_St	Ward
	,	
St., Ward. Washings	on D. C.	l State
MEDICAL CERTIFICAT		
21. DATE OF DEATH	12	
(Month)	12 /3 (Day)	, 193 3 (Year)
22. I HEREBY CERTII	FY, That I attended	deceased from
, 19, to		, 19
I last saw halive on	, 19	; death is said
to have occurred on the date stated above, at		
The PRINCIPAL CAUSE OF DEATH and related ca were as follows:	uses of Importance	Date of onsat
accedental Dron	onerg	Sundich
		-
Other Contributory Causes of Importance:		
Name of operation	Date of	
What test confirmed diagnosis?	Was there an	autopsy?24
23. If death was due to external causes (VIOLENCE)	fill in also the following	g:
Accident, suicide, or homicide? accident	Date of injury	12,19 33
Where did injury occur? _ a pardestus	Drowing.	
(Specify city Specify whether injury occurred in INDUSTRY, in	or town, county and Sta HOME, or in PUBLIC PL	ACE.
Manner of injury	My talk	2-11
Nature of injury		1
24. Was disease or injury In any way related to occ	upation of deceased?	240 -
If so, specify		
(Signed) Ama S. Beelings	4	
(Address) 1 A. S. Alalau	11/11-	

V. S. No.

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1 3 V V V V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH

STATE	OF	MARYI	AND-	CERTIF	CATE	OF	DEATH
SINIL	OI	MUVIZIE	שאות	CLIVIII	ICAIL	OI	DLAII

07819

County Q - Q -	Registration Dist. No. 21
Village Dr City Amapolis. Md Length of residences city or town where death occurred	ND. 10 Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Infant Williams	(portu)
(a) Residence: Np. 10 // (OVMM EM) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH 18 193 3 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) lug 18-35	I last saw h; death is sald
7. AGE Years Months Deys If LESS than 1 day, 1 hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recreation (month and this progration (month and t	Congenital Atabectusiv
Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) Amalous (State or country)	Dther Coutributory Causes of importance:
13. NAME Edward Williams 14. BIRTHPLACE (city or town) Garly height of (State or country) G-Q-CU Wid	Name of operation Date of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Dorfly Ports- 16. BIRTHPLACE (city or town) A Bubinson (State or country) a Constant 17. INFORMANT Amit Ports (Address) DO Sarmac, a aco-lid	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMDYAL Place & ENVIRONMENT Count Date 8 20 1933	Manner of Injury
19. UNDERTAKER & H. B. Parker (Address) 47 Washington SI 20. FILED 19, 19.33 France Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Judge Hofikin

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. 8. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County anne arundel	CERTIFICATE OF DEATH Registration Dist. No. 23 4
Village or City Reviera Beacho. 2FULL NAME Hary John Reas	St.: Ward) (If death occurred a hospital or institution, give its NAME istend of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word)	16 DATE OF DEATH Aug 20, 1933 (Mynth) (Day) (Year)
6 DATE OF BIRTH May (Month) (Day) (Year	that I last saw h in aliva on dug 26 198
B OCCUPATION (a) Trade, profession or (b) If LESS that I day hre or min.	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mac
(State or country galtinum	Secondary (Duration) yrs
FATHER MM 6. Read II BIRTHPLACE OF FATHER (State or country) Z MAIDEN NAME,	(Signed) M. Aug 26 123 (Address 221) Cutau Place *St., te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER/ asheron Kenn 13 BIRTHPLACE OF MOTHER (State or country) Balto, Mrs.	18 LENGTH OF RESIDENCE (For Prospitals, Institutions, Tra- ients or Recent Residents) At place of death yrs mos. ds. State yrs mos. mos. Where was disease contracted,
(Informant) 6 mma myers Real	if not at place of death? Former or usual residence
15 Filed 8/26 1933 MACOLLO	Druidlidge Ce aug 28, 193 20 UNGERTAKER 20 UNGERTAKER 802 Madism
Registra:	av. 16 W. Saratova St., Balto., Requesting V. S. No. 1. Balli. M

(Approved by U. S. Census and American Public Health Association.)

fillness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cipition is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many er," et ... without more precise specification as Day tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only a st paid Housekeepers who receive a cn at home, Never return 'Laborer,""Foreman,""Nanager,""Dealwordend on may form part of the second statement. whatever, write None. For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-Compositor, Architect, W are engaged in the duties of the Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of (name origin: "Cancer" is less definite; avoid uccident; Acolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitud nephretis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERFERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic). "Atrophy." "Collapse." "Coma," "Convulsions." Whooping cough; telunus) may be stated under the head of "contributory" carbolic acid-probably succide. The n-ture of the injury and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely State cause for which surgical operation was under-(Recommendations on statement of cause of American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJUNY by Committee on Chronic valvular heart Nomenclature of the Measles ,

If this certificate is loked over thoroughly and all questions abswered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07821
1. PLACE OF DEATH	(31)
County Chance Claumdal	Registration Dist. No. 23rd
Village or City Paxapaco Pack	No Brooklyn of Fren, St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah Pose	
(a) Residence: No. Paragraco Park	Bongo Allower OfD,
(Usual place of abods)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Memale Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of And And And And And And And And And An	22. I HEREBY CERTIFY. That I attended deceased from change and 121,1933, to change 24, 1933
6. DATE OF BIRTH (month, day, and year) Thay 27, 1880	I last saw h le alive on lagest 24, 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 45 m.
53 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of office
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chrinic Vakanske half (fhasho.)
SAW MILL, BANK, etc	Collen Schuttes Vale
O 10. Date deceased last worked at this occupation (month and year)	My a cas de Us
12. BIRTHPLACE (city or town) arunal Co.	Other Coutributory Causes of importance:
(State or country) ML	(Levelsal hemmer falt Guy29
13. NAME John lo work 14. BIRTHPLACE (city or town)	/ /933
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) LE 15. MAIDEN NAME BOTTLO PERO	What test confirmed diagnosis? Course to the Was there an au'ogsy? Co
#	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country) Calvert Co, ma	Accident, suicide, or homicide?
17. INFORMANT Paul Rose (Address) Belleaure Road	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lurian Branch Date Sypt 2, 1933	Nature of injury
19. UNDERTAKER Mrs Katie P. Williams (Address) 322 N. Sepandal St.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 30 Auf, 1933 Matilla & TALLA Registrar.	(Signed) An filesand. M. D. (Address) Assa Burne F. M.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

A	infor-	state
	jo m	pinou
	very ite	IANS S
D	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	AT R	LY.
MARGIN RESERVED FOR BINDING	MANE	KACT
BII	PER	E
FOR	IS A	stated
ED	HIS	l be
ERV	VK-1	should
RES	NG II	AGE
GIN	ADI	ed.
MAR	UNF	ilqque
	VITH	fully s
	,Y, V	care
	AINI	q pe
1	PL.	lnous
	RITI	tion
No. 1	3.—W	ma
V. S. No. 1	Z.	(

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07822	
	1. PLACE OF DEATH	920)	
	county AA County	deutor Md Registration Dist. No. 22	
	Village or City Bragers Station PO Ce	No. St., W	/ard
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. il ol loraign birth?yrs	do
	Varitte D	s	_us.
	2. FULL NAME MULLIA Sander	ev statio Ward.	
	(a) Residence: No. Wellow (Voul place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	SECONDARIA
	Finale White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year	,
	5a. II merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased	Irom
e.	(or) MEE of fritz Sander	ang 14, 19.33 to alla 13, 19.3	
	6. DATE OF BIRTH (month, day and year)	Hast saw has alive on any 15 , 19 3 3; daath is	
icat	7. AGE Yaars Months Days If LESS than	to have occurred on tha date stated above, at	
certificate	3-3 4 14 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	nset
of ce	8. Trade, profassion, or particular kind of work dona, as SPINNER. House wolf at home SAWYER, BOOKKEPER, atc.	V. O O P +	
	9. Industry or business in which	tar voucas pours ong	1/30
back	work was dona, as SILK MILL, SAW MILL, BANK, etc.	Trouble	5
s on	10. Date decasad last worked at this occupation (month and year) year) occupation occupation		
instructions	J. DIDTINI LOT (CHANNEL MERCHAN)	Othar Contributory Causes of importance:	
ruct	12. BIRTHPLACE (city or town) / Www.dumy (State or country)		
nst	표 13. NAME		
See i	14. BIRTHPLACE (city or town).	Name of operation	
Ø	(State of Country)	What tast confirmed diagnosis?	
ınt.	15. MAIOEN NAME	23. Il death was due to extarnal causes (VIOLENCE) fill in also the Iollowing:	
ort	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury	<u>ب</u>
imp	(State or country)	Where did injury occur? (Specify city or town, county and State)	
very important.	17. INFORMANT J. VVUISTUM WEIGHT (Address)	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
is v	18. BURIAL, CREMATION, OR REMOVAL Place Bowne Date Date 18 1933	Manner of Injury	
	Place Bowil Date Mg 8 , 1931	Nature of injury.	
TION	19. UNDERTAKER Wasten Flading (Address) Bowie we	24. Was disaase or injury in eny way ralated to occupation of deceased?	
()	20. FILEDENGIS, 1933 M. L. Jones	(Signad) James Romentt	M. D.
		2411 N. Charles Street. Baltimore. Requesting 71 S. No. 1	-

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	·
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(242)
county CC a. Co	Registration Dist. No. 2314
Village or City Millerwille	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME WILLIAM DANKE	
(a) Residence: No. Mullerwille M	A.St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale White Divorced ("write the gord)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
ares paner	12ht 19 1932 to Date 1- 1933
6. DATE OF BIRTH (month, day, and year) July 13 - 1867	Hast saw h Amalive on July 30 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30 acm.
66 0 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1, 1
SAWYER, BOOKKEEPER, etc.	V rysoslale Internera 1428
work was done, as SILK MILL, letired 1 4.	1.53.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month end year) year) Occupation	
(1).00 Don't	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Chrosis of Liver Sul Sul 1922
1 / MAX	Whaves of News signiff32
E	
A 14. BIRTHPLACE (city or town) Crucusus	Name of operation
	What test confirmed diagnosis? Was there en autopsy?
E O	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Mrs Marie & toinmet	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT / Cod . The Cod	Specify whether injury occurred in INDUSTRY, in NOME, of IN PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Voodlawnem Date lug \$ 1933	Nature of injury
19. UNDERTAKER MANUAL LINE TO THE CASE OF	24. Was disease or injury in eny way related to occupation of deceesed?
81. Usa marealla	If so, specify (Signed) MD MD
20. FILED 9 Registrar.	(Address) 729 dash Blod
If you black and all the Con B	N. C. I. C D. I. D

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1 Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	TOTAL LANDY
Gallstones	May 1,1923	Gastroenteritis	1 year

properi of certif PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED. back (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ENT (State or country) ATIO 12 MAIDEN NAME C OF MOTHER ients or Recent Residents) 00 13 BIRTHPLACE OF MOTHER (State or Country) 00 Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY usual residence. (Informant) 19 PLACE OF BURIAL OR 6811185+ 20 UN DERTAKER 15 Filed / O Registrar If more bianks are needed, address State Registrar / 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Grebliauckas

PLACE OF DEATH

STATE OF MARY CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year)..... HEREBY CERTIFY. That I attended the deceased from that I last saw how alive on and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration)yrs.....mos..... (Duration) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the At place of death yrs mos ds.

ADDRESS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

184

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Womsingle word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and pneumonia, Bronchopneumonia causation), using always the same accept-("Pneumonia,

will prevent further correspondence. All the must be obtained before the certificate is

American Me.

If the certificate answered in detay, in dark is essential paramently fied carbolic acidstated unless important. as fracture of skull, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; letinus may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menhipoved by Oct "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Revolver wound of head-homicide; Poisoned by resulting from childbirth or miscarriage as cough; or intercurrent) affection move (disease important. Example: Measles (disease -probably suicide. The nature of the injury, looked over thoroughly and a'l questions Chronic and consequences (e. g., sepsis sociation.) ttee on statement of cause of death etc. valvular Nomenclature of the Always qualify all The contributory heart disease;

V. S. No. 1 N. B.—W	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER	WITH WITH	TH UNFADING INK—THIS IS A PER	RES ING IN	ERVE K-TI	CD	FOR IS A	BI
T	CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	in plair tant. Se	supplied. I terms, so ee instruct	that i	t may	be of	proper ertific	ly cate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH ()	7825
1. PLACE OF DEATH		82-02	4
Village or City Ahre &	ale, Com	Registration Dist. No. 2	318
Length of rosidence in city or town where death	occurred Oyrs mos	death occurred in a horpital or institution, give its NAME instead of street state	
2. FULL NAME Manget	1 Sho	rt:	
(a) Residence: No. Alms	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femal White	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH FUGUEST (Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or divosed HUSBAND of (or) WIFE of	Lat	22. HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH (month, day, and year) Vanu 27-1865			
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 7:304 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	2000
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	usekusar	Huge + In aion	Date of onset
Kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		to the souls -:	7
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	II VENSUN ALL DRIE	
12. BIRTHPLACE (city or town)	mal	Other Coutributory Causes of importance:	13007
	· · · · · · · · · · · · · · · · · · ·	" Cellet tours hey	44/1/2/3
I / www.	cecunian	3-1	
State or country)		Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME MANGE	urun	23. If death was due to external causes (VIDL ENCE) fill in also the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or cognity) (State or cognity)		Accident, suicide, or homicide?	
17. INFORMANT	son he	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION OR REMOVAL	a duy 25 25	Manner of injury	
19. UNDERTAKEN J. D. Majajasa	testen	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	no
20, FILED 20 19 33	e Clare	(Signed) Hunga P. Chelley M.	/M. D.
	Registrar.	(Address for) John S. flexa	nels In
If more blanks	are needed, adaress State Registrar,	2411 N. Charles Street, Balismore, Requesting V. Sort Bun	ie Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	VIN DE	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1001	Run over by street car	1 week ago
Cerebral hemorrhage	97 9 Haly 5,1927	Peritonitis	3 days ago
6001	ja 441		
Other contributory causes of importance	Comme	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County	Anne Aru	ndel			Registration	Dist. No.	21
Village or	City Taylors	rille		ND.		St.	War
Length of re	esidence in city or town where	death occurred	() yrsmo	ND. If death occurred in a hospital constant of the second of the secon	ox institution, give its NAME J.S. If of foreign birth?	instead of street	and number)
	AME HENRY W					,	
	ence: No. Taylors	*- *- *- *- ** ** *** ***		St., Ward.			
		(Usual place	of abode)			give city or town	
3. SEX	AL AND STATIST				AL CERTIFICATE	OF DEAT	Н
male	white		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	August (Month)	28 (Day)	, 193 ³
5a. If married, wide HUSBAND of (or) WIFE ot	ewed, or divorced Emma S	mith			EBY CERTIF		
S DATE OF RIDTL	I (month, day, and year)	- 70	3.004		on, 19, to		
	ears Months	Days	1894 If LESS than	-1	te stated ebove, at		; death is sei
	38 8	10	l day,hrs.	0	F DEATH end related cause		
8. Trade, pro	lession or particular			Well 83 1010 WS.	. /	//	Date ot onse
SAWYE	work done, as SPINNER, R, BDDKKEEPER, etc	Oysterm	an	June	on by	Show	long
S. Hade, provided the sawyer of the sawyer of the saw o	business in which as done, as SILK MILL, ILL, BANK, etc			1.	1 11	1/1	
10. Date decea	ILL, BANK, etc	11. Totel t	time (years)	missing	Mrong	WIM	
- 11113 000	cupation (month and	spe occ	time (years) int in this upation	Harry,	withhou	14121	Town
an Dipripi con (Postnont		Other Contributory Canses	of importance:		
12. BIRTHPLACE (State or co		Lastport Marvla	nd .	-			
13. NAME	Robert S. Si	nith	12.50				
		A. Coun	tar	Mana of an analism			
(State	or country)		nd.		osis?		
15. MAIDEN N	AME Julia R	Procto	مر	23. If death wes due to exter			
	E (city or town)				ide?D		
E (State	or country)	Marylan		Where did injury occur?		ote of mjury	
17. INFORMANT 1	Irs. Emma Sm	ith.			(Specify city or turred in INDUSTRY, In HO	own, county and	State)
(Address)	Taylorsvil	le. A.	a. Co., N				
/1	TION, DR REMOVAL	9		Manner of injury			
Place W.	est rue 20	Date AUS	. 30 ,19 33	Neture of injury			
19. UNDERTAKER _	John M. Tay	lor		24. Was disease or Injury in			
(Address)	annapolis	Nd.		If so, specify		<i></i>	
20. FILE Gung	30 ,1933 /	-16C.8	me her	(Signed)	VIII PY TOM	sim s	Jahn M. I
1	1	1	Registrar.	(Address)	majorn A	200 6	uner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	PLACE OF DEATH	STATE OF MARYLAND
	County Arms Arms 2	CERTIFICATE OF DEATH
	Village or City Influence on Billion FARE 2FULL NAME Mrs Drie Ca	Registration Dist. No St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	d DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Line 2 1933 to Line 3 1933 that I last saw h 27 alive on Line 2 1973
	7 AGE 87 yrs. 10 mos. 22 ds. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work (b) General nature of industry	Vutisheral Obs mena
-	business, or establishment in which employed or (employer)	(Duration) yts mos de
	9 BIRTHPLACE (State or country) Lyscho Alvokia	Contributory Secondary Ouration Ou
	10 NAME OF FATHER WILLIAMS	(Signed) Here Lurae's M. P. Aug 3 (1973 (Address) Aug apole My
	OF FATHER (State or country) Unlews	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Unleasure	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosde
•	(Informant) HO May Wohrua	if not at place of death? Former or usual residence
	(Address) July July July 15 Filed mg 3 19253 July C. Fry M. Registrar	FOUNDERTAKER Clubby ADDRESS Hoy Morelow
1	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07827

(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Inemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

SIAIL OF MA	ARYLAND—	CERTIFICATE OF DEATH	1828	
County Anne Arundel	3. 4 / .	Registration Dist. No. 2	1,	
		t c 1No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs		
2. FULL NAME William S	tanlev			
	City Mary		d State	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	100	
3. SEX 4. COLOR OR RACE OR DIV	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH August 19th (Month) (Day)	., 193_3	
5a. If married, widowed, or divorced HUSBANO of ORWESS— Mary Stabley		22. I HEREBY CERTIFY, That i attended Sopt. 19th, 19 31, to Aug. 19th		
6. DATE OF BIRTH (month, day, and year)	873 ?	1 tast saw h_im alive on August 19th _, 19.33		
7. AGE Years Months Day 60 ? Unknown	1 day has	were as follows:	Oatgof onset	
8. Trade, profession, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc Unkno 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year).	Total time (years) spent in this occupation	General Erteriosclerosis		
12. BIRTHPLACE (city or town) South Ca (State or country)		Other Contributory Causes of importance: Senility	?	
≝ 13. NAME William Stanley				
13. NAME William Stanley 14. BIRTHPLACE (city or town) Unknown (State or country)		Name of operation Oate of What test confirmed diagnosis? Was there an	au'opsy?	
15. MAIOEN NAME Famie (Unkn 16. BIRTHPLACE (city or town) Unkn own	own)	23. If death was due to external causes (VIOLENCE) fill in also the followin	ig:	
		Accident, suicide, or homicide? Date of injury, 19		
77. INFORMANT Hospital Record (Address) Crownsville, N				
18. BURIAL, CREMATION, OR REMOVAL MISTERS & DATE OF BURIAL DATE OF THE PROPERTY OF THE PROPERTY DATE OF THE PROPER		Manner of injury Nature of injury	1	
19. UNDERTAKER OLDE X. Hollar (Addless) 16.3 / Suid Holls on my 20. FILEO 21. 20/1, 19.		24. Was disease or injury in approval related to occupation of deceased. If so, pecify (Signed) (Address) Crownsville, Marylai	nd M.	
If more blanks are no	seded, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	Example II	
The principal cause of death and related causes. Dan of onset of importance were as follows: Arteriosclerosis	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 21927	Peritonitis	3 days ago
15 2 6		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones Vay 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Admitted Sept. 19, 193

V. S. No. 1 N. B.

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BINDIN	
R	
꿏	
FOR	
7	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH

STATE OF	MARYLAND—CERTIFICATE	OF DEATH
----------	----------------------	----------

1. PLACE OF DEATH				92-0	07829
County	Anne Arund	lel		Registration Dist. No.	I
Village or	city Johns	ontown		No	St.,Ward
Length of re	esidence in city or town where	death occurred	(I 59 yrsmos	f death occurred in a horpital or institution, give its NAME instead of str	eet and number)
	AME Jeremis				
		nsontowi (Usual place	n	St., Ward. If nonresident give city or to	own and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	\TH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			D (write the word)	21. DATE OF DEATH August Ist (Month) (Oay)	, 193 3
5a. If married, wid HUSBAND of (or) WIFE of		art		22. I HEREBY CERTIFY, That I a November 5th 19 32 to Novemb	ttended deceasad from
6. DATE OF RIRTI	H (month, day, and yeer) Ja	n. 5th.	T874	I last saw h im alive on November 7th	
	fears Months	Oays	If LESS than	to heve occurred on the date stated above, at 7. 8 a.m.	To a second addition to said
	59 6	26	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	
Z 8. Trede, pro	ofession, or particular			Chronic endocarditis (aort	ic Oate ol onsat
	,	laborer.		regurgitation and stenosis)
9. Industry o	r business in which was done, as SILK MILL, MILL, BANK, etc			Arteriosclerosis	indef.
U 10. Date dece	ased last worked et	arming	ime (veers)	-	
o this oc year)	cupation (month and TOZ	Speriocci	ime (yeers) nt In this life		
		A. A. Co	•	Other Contributory Causes of importance:	
(State or co			Md.		
13. NAME H 14. BIRTHPLA	Thomas Ster	vart			
14. BIRTHPLA	CE (city or town)			Name of operation 0:	ate of
(State		ld .		What test confirmed diagnosis? Wes th	ere an eutopsy?
15. MAIOEN N	NAME Rebecca R	lobinson		23. If death was due to external ceuses (VIOLENCE) fill in also the f	-
O 16. BIRTHPLA	CE (city or town)		P3	Accident, suicide, or homicide? Date of injury.	, 19
- (State	or country)		id.	Where did injury occur? (Specify city or town, county	and State)
17. INFORMANT	Annie Ste			Specify whether injury occurred in INOUSTRY, in HOME, or in PUB	ILIC PLACE.
	(Address) P. O. Pasadena, Md. 18. BURIAL, CREMATION, OR REMOVAL				
Place	Magothy Cem	etery	, 19	Manner of injury	
19. UNOFRTAKER	Edward B	rvan		24. Was disease or injury in any way related to occupation of deceas	sed? NO
(Address)	Ra.lt		d	If so, specify	20-
20. FILEO	-/ 1900 6	x. G. C	S'lea	(Signed)	M. O.
			Registrar.	(Address)	ruo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	0.70	Example II		
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	SEP R 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

Village of Old A. Annon 23 is	County	Anne Arun	idel		Registration Dist. No. 21	
Length of residence in city or town where death occurred yrs. mos. ds. Now long in U.S. if of foreign birth? yrs. mos. ds. Row long in U.S. if of foreign birth? yrs. head. St. a. Ward. Ward. A county long in Interest and the content and properties word in Interest and the content and properties and the content and properties. In Interest and properties and the properties and the properties and the content and properties and the properties and	Village or	cil. Annapoli	S		No. 433 West St. St. St. 3	Ward
2. FULL NAME. ISAAC. CRUSER THOMAS (a) Residence: No. 430 Vest St. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED MATURE OF DEATH 21. DATE OF DEATH 22. I HER BBY CERTIFY. That I attended deceased from the word of the wor	Length of re	esidence in city or town where o	leath occurred	(I) or mos	If death occurred in a hospital or institution, give its NAME instead of street and number)	de
(a) Residence: No. 438 West St. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WINDWARD MATERIAL OF DEATH AUGUST 15. II married, widowed, or diverced (Month) Material Corrections of Sell Windward (Month)					,	us
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE White S. SINCLE, MARRED, WHOWED, OR DIVORCED (write the word) Married, widowed, or divorced So. Il married, widowed, or divorced (Go) Wife of I Sabella C. Thomas 5. DATE OF BIRTII (month, day, and year) Nov. 30, 1850 I. AGE Vears Months Babys 16. DATE OF BIRTII (month, day, and year) Nov. 30, 1850 I. AGE Vears Months Babys 16. DATE OF BIRTII (month, day, and year) Nov. 30, 1850 I. Married, widowed, or divorced Babys 16. DATE OF BIRTII (month, day, and year) Nov. 30, 1850 I. Married, widowed, or particular kind of wark dome, as SPINNER, Carpenter SAWTER, BOOKREFER, etc. SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and spent in this occupation (month and spent in this occupation) 13. NAME Robert T. Thomas 14. BIRTHPLACE (city or town). Satural PLACE (city or town). A A. CAUNTY. Solate or country) New Jersey 15. MAIDEN NAME Melly in a CTUSET 16. BIRTHPLACE (city or town). A A. CAUNTY. What test confirmed diagnosis? 21. Informant Agnes Redmond Thomas Andersoy Annapolis, Md. 15. BURIAL, CREMATION, OR REMOVAL Place. St. Annapolis, Md. 16. BURIAL, CREMATION, OR REMOVAL Place. St. Annapolis, Md. 17. J. 19:33 18. Was disease or injury in any way related to occupation of decased? Manner of injury. Name of injury. Name of injury. 19. UNDERTAKER JOHN M. Taylor (Address) Annapolis, Md. 18. Occupation of decased? Manner of injury. Name of injury. Name of injury. 19. UNDERTAKER JOHN M. Taylor (Address) Annapolis, Md. 18. Occupation of decased? Manner of injury. Name of injury. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Annapolis, Md. (Address)					Ct 3 Ward	
3. SEX 4. COLOR OR RACE S. CHRICE, MARRIED, WINDOWED ORD DIVERCED (write the word) MRTTIED (writ	413		(Usual place			
Male white married words So. It married, widowed, or diverced HUSBAND or Corp. WIFE of United States and Stat			CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
## Procession of particular wind of work done, as SPINNE, Garpenter 8. Trade, profession, or particular kind of work done, as SPINNE, Garpenter 8. Trade, profession, or particular kind of work done, as SPINNE, Garpenter 9. NAME Was done, as SPINNE, Garpenter 9. NAME Robert T. Thomas 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME Robert T. Thomas 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Nelvina Cruser 16. BIRTHPLACE (city or town) 17. INFORMANT AGRES REQUINDED 18. BIRTHPLACE CONTY) 19. Date of injury 19. Maryland 10. State or country) 19. Maryland 10. BIRTHPLACE (city or town) 10. State or country) 10. State or country) 11. MAIDEN NAME Nelvina Cruser 12. BIRTHPLACE (city or town) 13. NAME Robert T. Thomas 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Nelvina Cruser 16. BIRTHPLACE CONTY ON New Jersey 17. INFORMANT AGRES REQUINDED 18. STATE (STATE OF MAIN AGRES) 19. 33 10. Aug 19. 32 19. 3			OR DIVORCE	D (write the word)	August 15 ,193 3) ar)
6. DATE OF BIRTHI (month, day, and year) Nov. 30 1850 7. AGE Vears Months Days If LESS than 1 day. hrs. 82 8 16 0 dr. min. 8. Trade, profession, or particular sind of work done, as SPINNER, Carpenter Sind of work and solve	HUSBAND of	owed, or divorced Isabetala C	. Thoma	S	22. I HEREBY CERTIFY, That I attended deceased	from
Trade, profession, or particular soft of work dome, as SPINNER, Carpenter shows was done, as SILK MILL, but work was done, as SILK MILL, but were as follows: 13. IS MINTPLACE (city or town). As A. COUNTY work was done operation. Date of operation. What test confirmed diagnosis? Was there an autopsy?. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 24. Was disease or injury in any way related to occupation of deceased? 25. FILED CALLY Y. 19. 3.3 July work was done occurred on the date stated above, at	6. DATE OF BIRTI	(month, day, and year) No	w 30	1850	1 / 1	
8. Trade profession or particular side of work done as SPINNER, Carpenter SAWYER, BOKKEFER, etc. 9. Industry or business in which was worked at substitution of work done as SIK MILL, SAW, SAW as tone as SIK MILL, SAW, SAW, SAW, SAW, SAW, SAW, SAW, SAW		1	-	If LESS than	to have occurred on the date stated above, at 1.2m.	3 3010
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEPPER, etc. Carpenter Captal State Captal	8	2 8	16		were as follows:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME Robert T. Thomas 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Melvina Cruser 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Agnes Redmond Thomas (Address) 18. BURIAL, CREMATION, OR REMOVAL Place St. Annes Cent. Date Aug. 17, 1933 19. UNDERTAKER John M. Taylor (Address) 20. FILED Aug 17, 19 33 Anne Dolis, Md. 12. BIRTHPLACE (city or town) (State or country) Name of operation. Date of . What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Regitnar. (Address) M. D. (Address)	9: Industry or work w SAW M	r business in which ras done, as SILK MILL, IILL, BANK, etc ased last worked at	11. Total t	ime (years)	a little The month of	ζ.
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Melvina Cruser 16. BIRTHPLACE (city or town) (State or country) New Jersey 17. INFORMANT Agnes Redmond Thomas (Address) 18. BURIAL, CREMATION, OR REMOVAL Place St. Annes Cent. Date Aug. 17, 1933 19. UNDERTAKER (Address) 20. FILED (19, 1933) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER John M. Taylor (Address) Annapolis, Md. 16. Signed) Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) N. D. Registrar. (Address) M. D. Registrar. (Address)	12. BIRTHPLACE (State or co	city or town) Balt untry) M	imore, aryland	upation	Other Cootribotory Caoses of importance:	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Melvina Cruser 16. BIRTHPLACE (city or town) (State or country) New Jersey Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Address) N. D Registrar. (Address) M. D Registrar. (Address)			County		Name of operation Date of	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Agnes Redmond Thomas (Address) 18. BURIAL, CREMATION, OR REMOVAL Place St. Annapolis, Md. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. IN General agnes (violence) mit in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D Registrar. (Address) M. D Registrar. (Address)	(State)	1,0	ryland.		What test confirmed diagnosis? Was there an autopsy?_	
18. BURIAL, CREMATION, OR REMOVAL Place St. annes Cent. Date Aug. 17, 1933. 19. UNDERTAKER John M. Taylor (Address) Annapolis, Md. 20. FILED (Signed) Registrar. Manner of injury Nature of injury 19. UNDERTAKER John M. Taylor (Address) Annapolis, Md. (Signed) (Address) Manner of injury Nature of injury (Address) (Address) Manner of injury (Nature of injury (Address) (Address) Manner of injury (Nature of injury (Nature of injury (Address) (Address) Manner of injury (Nature of injury (Address)	16. BIRTHPLAC (State of	CE (city or town) De country) New gnes Redmond	Jersey Thomas		Accident, suicide, or homicide?	
(Address) AMMaDolis, Md. 20. FILED (Signed) (Address) M. D. Registrar. (Address)				17, 1933		
Registrar. (Address)	(Address)	Annapolis		0 3	If so, specify	
	20. FILED		syl C		(Address)	M. D.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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important

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CAUSE mation If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	* 0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915 -	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallsiones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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m.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07832			
1. PLACE OF DEATH				
County 4	Registration Dist. No.			
Village or City Cruffes Ita.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Buly Natts				
(a) Residence: No. another Ita.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Free al 4. COLOR OR RACE OR DIVORCED (write the word) Sugar	21. DATE OF DEATH (Month) (Dey) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from			
6. DATE OF BIRTH (month, dey, and yeer) and 8 - 1933	lest saw h			
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at land Gram. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance			
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Just Location by			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
Date deceesed last worked at this occupation (month and year) year)	(assidut)			
12. BIRTHPLACE (city or town) . Charles my (State or country)	Other Centributory Causes of importence:			
13. NAME Cannel Hatts				
14. BIRTHPLACE (city or town) a. G. G. Co.	Neme of operation Date of			
15. MAIDEN NAME Colunta Grain	What test confirmed diegnosis? Wes there en eutopsy? 23. If death was due to externel causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town) a. G. Cp.	Accident, suicide, or homicide accident. Dete of injury			
17. INFORMANT alorta Hatte (Address) arolds rud	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Plece My Calmy Date lung 9, 1933	Neture of injury			
19. UNDERTAKER Samuel Hatts (Address)	24. Was disease or injury in any wey related to occupetion of deceesed?			
20. FILED LING 8, 19 33 July 6 C. July Registrat.	(Signeds Server M. H. H. John Style orong or (Address) Am Short M. D.			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I			
Date of onset	The principal cause of death and related causes Date of o of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	las Alexandra		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN